

California - Child and Family Services Review

County of Riverside Annual SIP Progress Report

YEAR 3

2015-2016



California – Child and Family Services Review Signature Sheet

For submittal of: CSA ☐ SIP ☐ Progress Report ☒

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SIP Period Dates	2013 - 2018
Outcome Data Period	Q3 2015
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Introduction

The Riverside County Five Year System Improvement Plan (2013 – 2018) was submitted to, and approved by, the California Department of Social Services (CDSS) and Office of Child Abuse Prevention (OCAP) effective July 1, 2013.

This is the Year 3 System Improvement Plan (SIP) Progress Report for the 2013–2018 Riverside County SIP. This progress report will focus on the involvement and engagement of our community partners, stakeholders, Children’s Services Division (CSD), HOPE Collaborative, and Probation staff in the ongoing efforts to improve the outcomes for children and families receiving services in Riverside County. Highlighted are the efforts to remove the barriers that might limit the community’s engagement in working toward improving outcomes for children and families in the Child Welfare and Juvenile Probation systems throughout Riverside County. Additionally, this update will provide our stakeholders and CDSS with our SIP outcome measures, our current SIP data compared to the baseline SIP data; and an analysis of obstacles, issues, and conditions that may be influencing the impact of our efforts related to:

1. Safe and Timely Reunification
2. Reduced Re-entry Rate
3. Placement Stability

SIP Progress Narrative

Highlighted in this section are CSD and Probation’s efforts to engage stakeholders in the SIP progress, current performance on SIP Improvement Goals and the strategies and barriers that influence outcome measures, as well as the status of strategies intended to specifically promote client and community engagement and improve our outcomes.

STAKEHOLDERS PARTICIPATION

The efforts and activities highlighted in the Year 3 SIP Progress Report are in line with the SIP Guiding Principles and underlying values of engaging the entire community in:

- addressing child, youth, and family welfare
- embracing a continuum of services from prevention through aftercare
- removing barriers inherent within programs and systems

This Year 3 SIP Progress Report will detail Riverside County stakeholder participation efforts via the active combining of the strengths between and within child welfare programs, strategies, and Riverside County's community partners. The collaboration with partners fortifies the shared responsibility for the prevention of child abuse and neglect. This collaboration, along with a focus on practice improvement, creates the foundation for improving Riverside County's SIP outcome measures by:

- increasing safe and timely reunification (CSD and Probation)
- reducing re-entry following reunification (CSD and Probation)
- improving placement stability (CSD)

Community Partners' Forum

On October 1, 2015, Children's Services Division (CSD), the Probation Department, and Riverside County's Child Abuse Prevention Council (CAPC) - Family Services Association (FSA)/HOPE Collaborative hosted Riverside County's annual Community Partners' Forum. There were more than 275 participants representing every geographic region and most of the communities within Riverside County. The partners in attendance included representatives from:

- Riverside County Office of Education
- Department of Public Health
- Riverside University Health System- Behavioral Health (BH)
- First 5 Riverside
- Schools and School Districts
- Faith Based Organizations
- Service Providers
- Foster Family and Group Home Agencies
- Mexican Consulate
- Youth Partners
- Child Abuse Prevention Council (CAPC)
- CSD and Probation staff

The Community Partners' Forum also provided the opportunity for 28 of our community partners to host resource tables and allowed for participants from various professions, disciplines and geographic areas to make connections, exchange information, and further foster the combining of strengths within and between our community partners and stakeholders. The sharing of resources, programs, and strategies the resource tables provided was promising as it expanded the network of resources, generated new collaborative relationships, and promoted further engagement between CSD and the community.

HOPE Collaborative

FSA and HOPE (Healing, Outreach, Prevention and Education) Collaborative, our partner and the designated CAPC for Riverside County, conducted ten regional forums throughout Riverside County. The HOPE Collaborative partners with CSD in hosting these events to increase awareness and to inform, educate, encourage and engage parents, caregivers, service providers, schools, law enforcement, service professionals, and mental health providers to work together within their communities to promote the safety of children, and prevent child abuse and neglect. The HOPE Collaborative also provides valuable monthly feedback to CSD on the resources, activities, and needs in our communities. Additionally, the HOPE Collaborative representatives attend Team Decision-Making (TDM) meetings throughout the County and provide valuable information regarding services and resources for families first entering the Child Welfare System during key decision making points of a case, and for emancipating youth.

Family Resource Centers

Riverside County Family Resource Centers (FRCs) continue to provide a community resource for collaboration and engagement, as well as serving as hubs for coordinated, community-based resources and service providers. The Riverside County FRCs are located in five of the highest risk/need areas in our very diverse county. Locations include:

- Riverside (Jurupa Valley area)
- Perris
- Desert Hot Springs
- Mecca, and
- Mead Valley

The FRCs continue to build strong relationships with local community based agencies and government organizations to strengthen partnerships with the intent of increasing community

involvement and assisting families as they transition from CSD involvement to having a closed case.

Some of the key collaborative partnerships include:

- FSA / HOPE Collaborative (CAPC)
- Mental Health Prevention and Early Intervention Task Force
- African American Services Collaborative
- Racial Disparity and Disproportionality Committee
- iFoster (electronic portal & resources for Kinship care providers), and
- Teen Pregnancy Prevention Task Force

Riverside County FRCs host or partner with community organizations to celebrate a Day of the Child event in each of the Resource Center communities during Child Abuse Prevention Month (April). The FRCs work with their community partners to promote the awareness of child abuse, resources and services available to strengthen families in the community, and provide educational presentations and fun activities centered on the six protective factors that keep families strong, healthy, and promote positive interaction between children and families. In 2015, the key partners in these events included:

- Department of Public Health
- FSA / HOPE Collaborative (CAPC)
- Home Depot
- Molina Health Foundation
- Community Action Partnership
- The Fair Housing Council
- Office of Education
- Goodwill

Hundreds of families throughout Riverside County participated in these events and were introduced to resources and services that are available to assist them in their communities with prevention of child abuse and neglect.

FRCs host Annual Resource Fairs in each of the five resource center communities. The Annual Resource Fair is the largest outreach and education event of the year in each of these communities. The objectives of the Resource Fairs are threefold:

1. To inform FRC customers and members of the community of the services that are available from faith-based, non-profit, and public organizations through the FRC, which are intended to assist individuals, families, and children.

2. To promote the FRCs as a meaningful source of information and referrals throughout the county for services designed to strengthen families and reduce incidences of child abuse and neglect.
3. To familiarize child welfare social workers, community partners, and other professionals with the FRCs' ability to assist them in their efforts with child abuse prevention, stabilizing families, and maintaining stable foster and kinship care placements in the communities served by the FRCs.

Hundreds of partners were present at these events to connect with and provide information and resources to more than 4,600 people who came to the Resource Fairs this year.

Joint Operational Meetings

CSD and Probation employ the use of Joint Operational Meetings (JOMs) as a method to continue evaluating the effectiveness of services provided to families. JOM participants include all levels of CSD and Probation staff, representatives from each contracted provider, community partners, oversight committee members, and connected agencies.

JOMs are conducted at least quarterly, to review contract performance and delivered service monitoring, as well as to engage the team to discuss:

- strengths, successes and accomplishments
- areas of need or improvement required
- quality of communication
- materials, supplies and/or equipment
- program enhancements or modifications
- data collection
- program fidelity

Racial Disparity and Disproportionality

In Riverside County, African American children are overrepresented at all decision points of the Child Welfare System: reporting, investigation, substantiation, and placement. Quarterly Racial Disparity and Disproportionality (RDD) Committee meetings are held to identify strategies to improve outcomes for African American families. RDD and Faith in Motion hosted a resource table at a large non-profit event to promote both initiatives. Presentations and recruitment efforts are conducted at churches throughout the Inland Empire to engage additional community representatives in RDD efforts.

Plans to engage family advocates and foster family agencies in RDD have led to increased community outreach. Efforts for expansion include utilizing Grandparents Raising Grandchildren and current foster parents for recruitment, and modifying mandated reporter training to include RDD awareness. Regional efforts have increased in the community and with faith-based organizations to solicit African American volunteers to attend TDM's on behalf of African American children and families. These efforts include holding a community partner orientation to inform local African American community members of the issues surrounding RDD. Additionally, all new staff are receiving RDD awareness as part of their induction training, and RDD refresher trainings are being conducted in each region.

CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS

In 2013, the Children's Bureau conducted an evaluation of the federal review process for State performance related to child welfare services and conformity to Title IV-B and Title IV-E of the Social Security Act. The review process included consultation with child welfare experts, stakeholders, and the public. A determination was made to shift the perspective of the Federal outcome measures portion of the Child and Family Service Reviews (CFSR) process (CFSR2 to CFSR3). The most significant distinctions between CFSR2 and CFSR3 are twofold.

The CFSR2 federal measures consisted of 15 statewide data indicators distilled into four composites. The CFSR3 federal measures are a total of seven statewide data indicators; two which focus on child safety and five that focus on child permanency. The second distinction is the shift from a reliance on exit cohorts to entry cohorts. Exit cohorts captured and reported data only on the population of children exiting child welfare services during a 12 month period. The use of entry cohorts captures the data for the entire population of children entering the Child Welfare System during a given 12 month period and reports the outcomes for this population as they make their way from entry to permanency.

The CFSR3 measures are intended to assist County child welfare agencies in ensuring they are meeting Federal child welfare requirements and understanding what is happening with the children and families engaged in child welfare services. The State of California was required to transition from the old CFSR2 measures to the new CFSR3 measures beginning October 1, 2015.

Children's Services Division Outcome Measures:

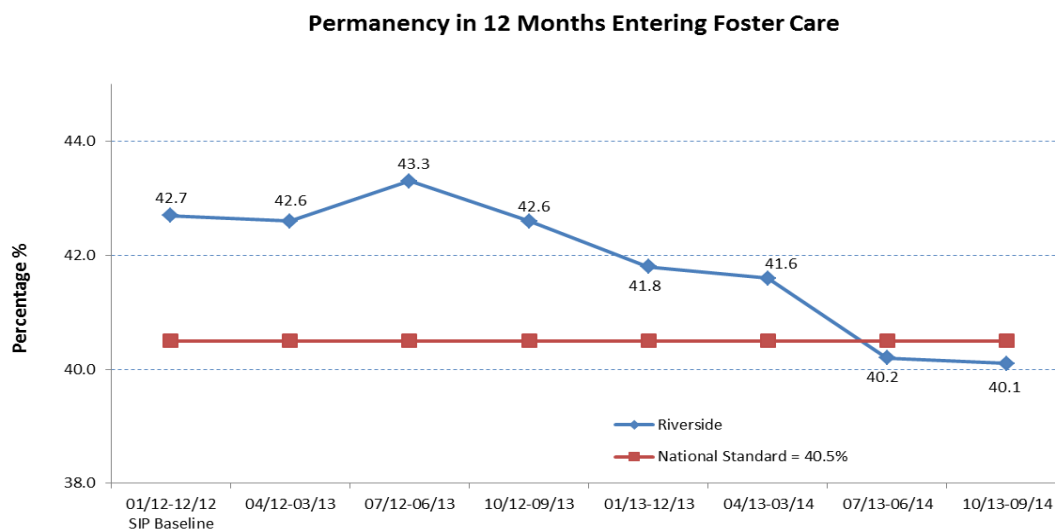
OLD: C1.1: Reunification within 12 months (exit cohort): This measure looked at the population of children exiting foster care during a specific 12 month period and reported the percentage of those children that exited, specifically to reunification, in less than 12 months from the date of the latest removal from their family home.

NEW: P1: Permanency in 12 months for Children Entering Care (entry cohort): This measure looks at all of the children who enter foster care during a 12 month period and reports the percentage of those children who are discharged to permanency (reunification, guardianship or adoption) within 12 months of entering foster care.

The P1 indicator focuses on the percentage of all children entering foster care who achieve permanency in a 12 month period, but also reports the percentage of those same children who remain in care past 12 months. This shift to an entry cohort provides a more comprehensive picture of what is happening with children and families entering the Child Welfare System.

National Standard: 40.5% (or more)

Q3 2015: 40.1%



CSD has consistently outperformed the California State Average and the National Standard for this measure from the SIP baseline data in 2012 (Q4 2013), with exception of the past two quarters where the CSD performance drops below the National Standard. The National Standard is (greater than

or equal to) 40.5%; CSD's performance is currently 40.1%. The downward trend is consistent with the State's trend.

In a paper published by the Children's Bureau of the U.S. Department of Health and Human Services, "Family Reunification: What the Evidence Shows," the Bureau reports that reunification outcomes can be negatively impacted by high rates of staff turnover and inexperienced staff.¹ New social workers often struggle initially with family engagement and tend to reunify children at a slower rate than more experienced social workers.

For the past three years Riverside County has focused intensive efforts on social worker recruitment and retention efforts. Between March 2013 and September 2014 Riverside County hired and trained 195 new social workers, and 184 additional social workers through September 2015. Hiring and training new staff remains a continuous challenge. These efforts have created a relatively new workforce, with a large number of current social workers being employed with CSD for two years or less. Maintaining a well-trained workforce in sufficient numbers is critical to keeping caseloads at a level that allows social workers ample time for thorough and comprehensive investigations, increased client engagement and the coaching and mentoring required by a new workforce.

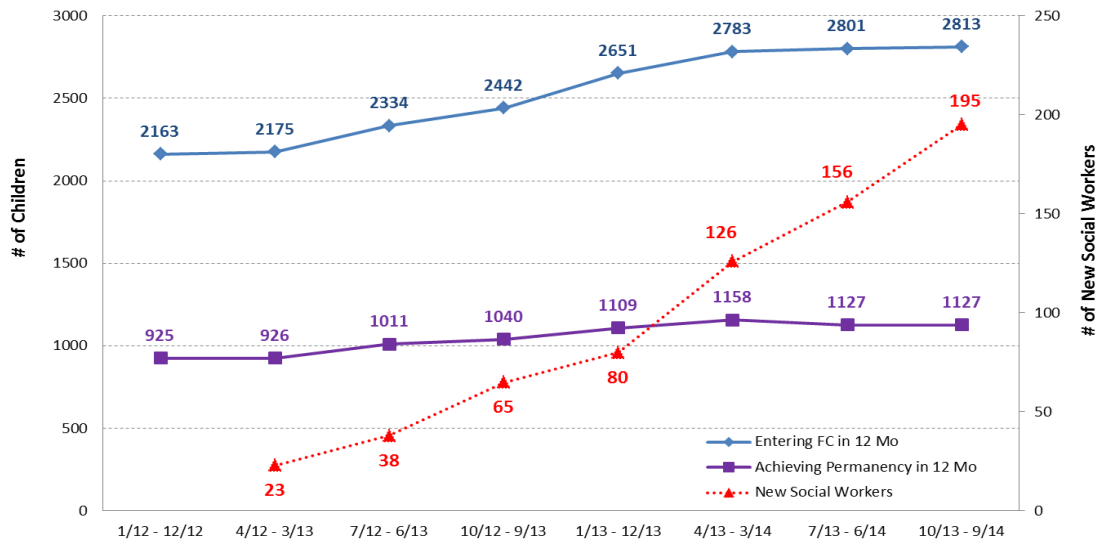
Another factor that may have contributed to the decrease in the P1 performance is extended foster care eligibility. Youth that are approaching the age of 18 are opting to remain in foster care in order to be eligible for non-minor dependent (NMD) transitional services.

3-P1: Permanency in 12 months for Children Entering Foster Care (All Entries Cohort, 8 Days or More In Care) vs. Baseline Performance										
Category		Baseline	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	% Change Between the Most Recent Data and Baseline
		01/12 - 12/12	04/12-03/13	07/12-06/13	10/12-09/13	01/13-12/13	04/13-03/14	07/13-06/14	10/13-09/14	
Age	< 1 yr	34.8	30.9	30.6	31.2	33.7	34.4	36.5	34.5	-0.86
	1 - 2 yrs	45.2	44.4	46.4	46	43.6	45	46.2	44.6	-1.32
	3 - 5 yrs	47.6	49	52	51.9	49.7	48.6	44.8	43.1	-9.45
	6 - 10 yrs	48.2	49.3	49.3	48.5	47.2	45.5	43.4	44.8	-7.05
	11 - 15 yrs	43.7	44.6	45.3	44	42.7	42.3	38.1	36	-17.62
	16 - 17 yrs	25.7	25.9	23.5	20.4	20	21.5	20.4	19.4	-24.51
Ethnicity	African American	37.5	42	43.6	39.5	36.2	34.5	34.7	37.1	-1.06
	Caucasian	41.6	43.8	44.3	45.1	44.1	42.1	40	39.6	-4.81
	Latino	44.5	42.3	42.6	42.2	42.1	42.8	41.7	41	-7.86
	Asian/Pacific Islander	44.8	38.9	52.4	42.3	40.6	40.5	37.5	42.5	-5.13
	Native American	41.7	36.4	43.8	38.5	41.2	60	37	33.3	-20.14
Overall vs. National Standard (40.5%)		42.7	42.6	43.3	42.6	41.8	41.6	40.2	40.1	-6.08
*Age is assigned based on how old a child is at the placement episode start date during the specified time period										
Red indicates performance is below the National Standard; Green indicates performance is equal or better than the National Standard										
http://cssr.berkeley.edu/ucb_childwelfare/P1.aspx										

A review and analysis of the data available from a variety of perspectives has revealed some potential understanding of the recent fluctuation in the CSD P1 performance.

¹ Children's Bureau. (2011) *Family Reunification: What Evidence Shows*. Washington DC: U.S. Department of Health and Human Services, Administration for Children and Families. Retrieved December 2015 from www.childwelfare.gov/pubPDFs/family_reunification

P1 Permanency by Count Foster Care Entries & New Social Worker Q4 2013 to Q3 2015



Utilizing the UC Berkeley drill down report and summary tables it became clear that despite an apparent steady decline in the P1 performance from Q2 2014 to Q3 2015 (43.3% to 40.1%), CSD had consistently increased the number of children achieving permanency from baseline (Q4 2013) to the present (Q3 2015). The actual counts show 925 children achieving permanency at baseline and 1,127 children achieving permanency by Q3 2015; this represents an increase of 21.8% (by count) over this period. However, during the period Q1 2014 to Q1 2015 the number of children entering foster care increased at an abnormally rapid pace; 2175 at Q1 2014 to 2783 at Q1 2015. This rapid increase represents 608 additional children, a 28% increase of children entering foster care. This period of unusually rapid increases in foster care entries coincide closely with the intensive recruitment period mentioned above. These numbers show that the increase in the number of children entering foster care (P1 Denominator) clearly outpaced the increase in the number of children achieving permanency (P1 Numerator), and therefore resulted in the decrease for the P1 performance for CSD. Recognizing the steady increase in foster care entries resulted in additional training and staffing measures for Investigation Services social workers as a result, there has been a significant reduction in foster care entries in the subsequent rolling quarters. The expectation is that the P1 performance for Riverside County will correct course and once again exceed the National Standard.

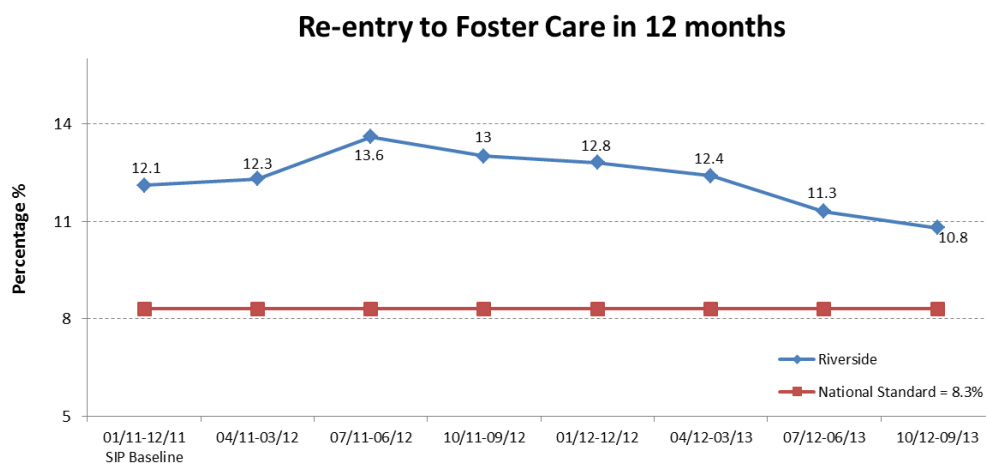
OLD: C1.4: Reentry Following Reunification (exit cohort): This measure looked at the population of children exiting foster care during a specific 12 month period and reported the percentage of those children that exited, specifically to reunification, and then reentered foster care in less than 12 months from the date of the earliest discharge to reunification during the year.

NEW: P4: Re-entry to Foster Care in 12 Months(entry cohort): This measure looks at all children who enter foster care during a 12 month period and exited foster care to reunification or guardianship within 12 months, and reports the percentage of those children who re-enter foster care within 12 months of their latest exit from foster care.

The old measure (C1.4) focused only on children that were reunified with their family of origin and exited foster care, only to return within 12 months of their reunification. The P4 measure focuses on the percentage of all children that entered foster care and exited to either reunification or guardianship within 12 months of entry and then re-entered foster care within 12 months of the date of their discharge. This indicator is inclusive of both reunification and guardianship, and accounts for all children that entered care within a 12 month period. Again, the shift in focus to an entry cohort and the inclusion of guardianship provides a broader picture of how CSD is performing in regards to reducing re-entry.

National Standard: 8.3% (or less)

Q3 2015: 10.8%



CSD has struggled to reduce re-entry to meet the California State Average or National Standard. The Q3 2015 data (10/12-9/13) demonstrates that CSD has reduced re-entry (within 12 months of reunification) by 16.9% year over year (Q3 2014 to Q3 2015), and 10.7% from baseline. Riverside County (10.8%) currently outperforms the California State Average (11.5%) for the past two consecutive rolling quarters, but continues to fall short of meeting the National Standard (8.3% or less). The strategies identified to continue the efforts to reduce re-entry include:

- consistent use of the Case Plan Field Tool
- increased utilization of Family Preservation Court (FPC)
- holding Team Decision Making (TDM) meetings when preparing to return children home
- providing SafeCare in-home training before case closure

3-P4: Re-entry to Foster Care in 12 months (All Entries Cohort, 8 Days or More In Care) vs. Baseline Performance										
Category		Baseline	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	% Change Between the Most Recent Data and Baseline
		01/11-12/11	04/11-03/12	07/11-06/12	10/11-09/12	01/12-12/12	04/12-03/13	07/12-06/13	10/12-09/13	
Age	< 1 yr	18.9	16.6	17.9	18.4	19.2	23	16.7	17	-10.05
	1 - 2 yrs	15.6	15.8	15.9	15.7	16.9	15.8	14.3	12.7	-18.58
	3 - 5 yrs	10.9	10.8	13.4	13.7	13.7	11.9	10.9	11	0.92
	6 - 10 yrs	8.9	8.5	9.5	9.1	7.7	8.1	7.7	6.3	-29.21
	11 - 15 yrs	11.6	13.9	14.8	10.4	9.7	9.1	10.6	11.8	1.72
	16 - 17 yrs	0	3.8	8.3	14.3	13.9	11.4	9.7	6.9	-
Ethnicity	African American	23.6	19.3	22.8	21.4	19.2	22.4	15.1	14	-40.67
	Caucasian	12.4	9.3	11	10.7	11.1	10.4	9.4	9.9	-20.16
	Latino	9.8	12.9	13.9	13.2	12.9	11.5	11.2	10.1	3.06
	Asian/Pacific Islander	0	0	0	0	0	0	0	9.1	-
	Native American	9.5	5.6	0	0	0	0	21.4	30	215.79
Overall vs. National Standard (8.3%)		12.1	12.3	13.6	13	12.8	12.4	11.3	10.8	-10.74
*Age is assigned based on how old a child is at the placement episode start date during the specified time period.										
Red indicates performance is below the National Standard; Green indicates performance is equal or better than the National Standard										
http://cssr.berkeley.edu/ucb_childwelfare/P4.aspx										

An analysis of P4 re-entry data by age and ethnicity reveals three of the subgroup populations are not trending in the same direction as the overall population. Looking at the age subgroups of 3-5 year olds and 11-15 year olds in single age counts, the data shows that 4 year olds and 11 year olds consistently reenter foster care in larger numbers than their age subgroup peers, while 5 year olds and 14 year olds had the largest increase in numbers of children reentering foster care compared to the baseline counts. The actual count difference for 5 year olds was an increase of 6 children and the 14 year olds had an increase of 4 children. Counts this small can create outsized fluctuations in the subgroup performances.

Overall the reentry data shows significant improvement across the majority of the age subgroups. The data indicates the most substantial improvement for 6-10 year olds. This age subgroup improved from 8.9% at baseline to the current performance of 6.3%, which meets the National Standard of 8.3% (or less).

A review and analysis of re-entry data for Ethnicity reveals that, at baseline, African American children had the highest re-entry percentage at 23.6%. Riverside County has made efforts to address

racial disparity and disproportionality by increasing client engagement and providing culturally specific services. The current reentry rate for African American children (Q3 2015) is 14%, an improvement of 40.67%. While not yet at the National Standard, progress is moving in the right direction. Improvements were also realized with the Caucasian subgroup, a 20.16% reduction in reentry for this period. The Latino subgroup shows a 3.06% increase in reentry between the most recent data (Q3 2015) and baseline. Comparing year over year data (Q3 2014 to Q3 2015) the Latino subgroup shows a substantial improvement of 23.5%. A closer look at the actual counts for each rolling quarter for this subgroup reveals a count difference of 2 Latino children between baseline and Q3 2015 and a count difference of 9 between Q3 2014 and Q3 2015. The average reentry count for the Latino subgroup over the past eight rolling quarters is 63.75. The Q3 2015 data indicates a re-entry rate of 9.1% for Asian/Pacific Islanders. A review of the actual counts reveals one (n=1) Asian/Pacific Islander child reentered foster care since Q4 2013 and that reentry occurred in Q3 2015. The number of Native American children (n= 3) is very small and does not significantly impact the overall percentage for re-entry.

OLD: C4.2: Placement Stability (12-24 months in care with ≤ 2 placements): This measure looked at the percentage of all the children who remained in foster care during a year that were in foster care for at least 12 months but less than 24 months, and had two or fewer placements.

OLD: C4.3: Placement Stability (at least 24 months in care with ≤ 2 placements): This indicator looked at the percentage of all children who remained in foster care during a year who were in foster care for at least 24 months, and had two or fewer placements.

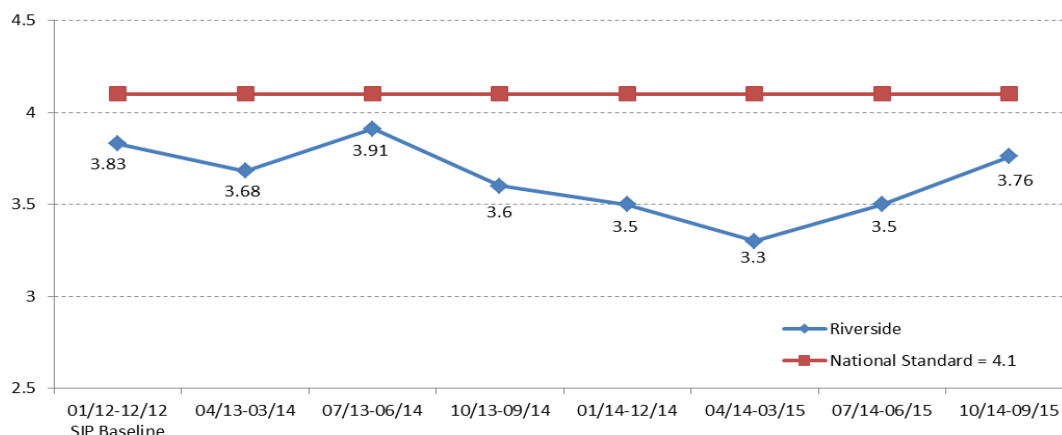
NEW: P5: Placement Stability: This measure looks at all children who enter foster care during a 12 month period and computes the rate of placement moves per 1,000 days in foster care.

The Placement Stability (P5) indicator focuses on the rate of placement moves per day in foster care for children who have entered foster care in a 12 month period. The previous composite (C4.2 and C4.3) Placement Stability measures reported the percentages of children out of a specific population with placement moves. The P5 measure captures the total number of days of foster care and rate of moves per day. The P5 measure accounts for the actual number of placement moves experienced, versus the percentage of children experiencing “2 or more” moves.

National Standard: 4.12 (rate per 1,000 days in care) (or less)

Q3 2015: 3.76 (rate per 1,000 days in care)

Placement Stability



CSD appears to be performing well in the new Placement Stability measure, which looks at all the children who entered foster care and computes the rate of placement moves per 1,000 days in foster care.

CSD is currently out-performing both the State Average and National Standard, with Q3 2015 data showing a placement stability rate of 3.76. This is better than the State Average of 4.01 and below the National Standard of 4.1. CSD continues to focus efforts on utilizing Wraparound services and TDM meetings to provide support for placement stability. CSD has also seen positive outcomes from efforts to increase placements with relatives/non-relative extended family members (NREFMs), which may also contribute to placement stability. Relative/NREFM placements now represent 34% of all placements in Riverside County.

3-P5: Placement Stability (All Entries Cohort, 8 Days or More In Care) vs. Baseline Performance										
Category		Baseline 01/12-12/12	Q1 2014 04/13-03/14	Q2 2014 07/13-06/14	Q3 2014 10/13-09/14	Q4 2014 01/14-12/14	Q1 2015 04/14-03/15	Q2 2015 07/14-06/15	Q3 2015 10/14-09/15	% Change Between the Most Recent Data and Baseline
Age	< 1 yr	2.9	2.69	2.63	2.51	2.45	2.32	2.43	2.64	-8.96
	1 - 2 yrs	4	3.37	3.53	3.3	3.44	3.4	3.69	3.93	-1.75
	3 - 5 yrs	3.78	3.67	3.79	3.46	3.49	3.41	3.96	4.15	9.78
	6 - 10 yrs	3.73	4.07	4.47	4.03	3.71	3.39	3.58	4.12	10.45
	11 - 15 yrs	4.89	4.14	4.64	4.41	4.3	3.93	4.16	4.29	-12.27
Ethnicity	16 - 17 yrs	4.17	5.3	5.37	5.16	4.58	4.18	3.87	3.41	-18.22
	African American	4.62	4.43	4.91	4.3	4.32	4.22	4.64	4.48	-3.03
	Caucasian	3.7	3.6	3.98	3.79	3.42	3.22	3.73	4.17	12.7
	Latino	3.67	3.56	3.64	3.4	3.37	3.14	3.14	3.41	-7.08
	Asian/Pacific Islander	4.42	3.89	4.66	5.11	5.13	5.33	5.69	1.26	-79.49
Overall vs. National Standard (4.12)	Native American	4.34	2.83	5.33	3.76	2.56	2.67	1.62	2.7	-37.79
		3.83	3.68	3.91	3.6	3.5	3.3	3.5	3.76	-1.83

*Age is assigned based on how old a child is at the placement episode start date during the specified time period.

Red indicates performance is below the National Standard; Green indicates performance is equal or better than the National Standard

http://cssr.berkeley.edu/ucb_childwelfare/P5.aspx

Analysis of demographic data for age and ethnicity indicates Placement Stability has been stable for most youth categories from baseline, with the exception of adolescent foster youth. Foster youth ages 11-15 years old have trended above the National Standard with a current performance of 4.29.

Although some of the placement increase may be attributed to increased efforts to step children down to lower level placements, it is also likely the higher placement numbers for this age group are the result of the challenging behaviors sometimes present with this population. Adolescents who engage in risk taking behaviors such as running away are also at high risk for sex trafficking, which can contribute to multiple placements. Riverside County is working to establish protocols for returning youth and having plans in place for these youth in an effort to increase placement stability and to provide these youth with specialized services.

Looking at the UC Berkeley drill down data and actual counts, year over year (Q3 2014 to Q3 2015), for African American, Caucasian and Latino subgroups reveals that only the African American subgroup increased in the number of foster care days and number of placement moves; the Caucasian and Latino subgroups actually decreased in foster care days and in numbers of placement moves, and yet all three ethnic subgroups show small increases in their placement stability rate. P5 is a new measure and will require further analysis to understand all of the factors that impact this data measure and what the data measure is telling us about our performance.

Probation Department Outcome Measures:

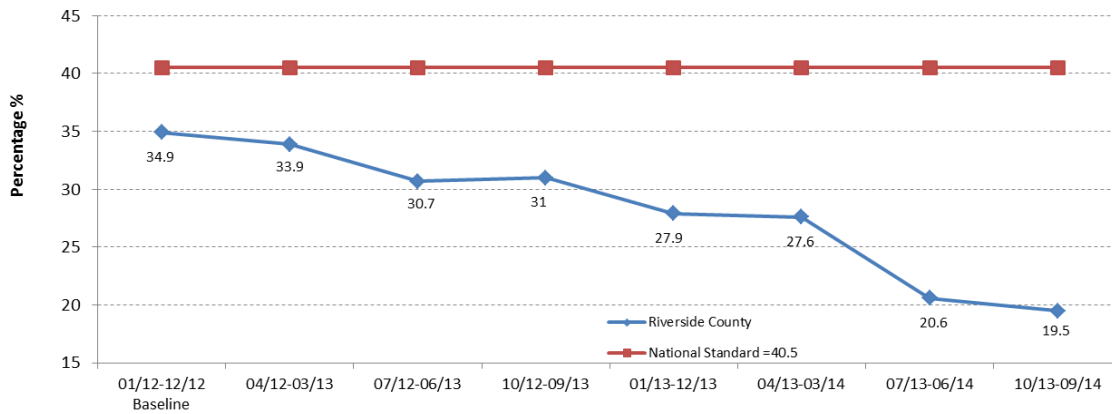
OLD: C1.3: Reunification within 12 months (entry cohort): This measure looked at the percentage of all children reunified in less than 12 months during the review year that were in foster care for 8 days or longer from the date of the latest removal. This indicator focused on children who entered the child welfare system and successfully reunified with their parents.

NEW: P1: Permanency in 12 Months for Children Entering Foster Care (entry cohort): This measure looks at all children who enter foster care in a 12 month period and computes the percent of children discharged to permanency within 12 months of entering foster care.

National Standard: 40.5% (or more)

Q3 2015: 19.5%

P1: Permanency in 12 Months Entering Foster Care



Using the new CFSR3 P1 measures, the baseline data (01/01/12-12/31/12) indicated a 34.9% reunification rate within 12 months which is still below the new national standard of 40.5%. It should be noted, that on average, residential juvenile sex offender treatment is between 18-24 months in length. The inclusion of these minors in the data pool, which is approximately 10.0% of probation's placement population, reduces the total percentage of minors finding permanency within 12 months. The most current data (10/01/13–9/30/14) indicates that 19.5% of placement minors achieved family reunification within the target 12 month period, a 44.1% decrease from the SIP baseline data and a 29.3% decrease from the Year 2 data (04/01/13-03/31/14).

Since 2012, the Probation Department has seen a significant decrease in its population finding permanency within 12 months. A contributing factor is the passage of Extended Foster Care Assembly Bill (AB) 12, which took effect on January 1, 2012. Since the implementation of AB12 the Probation Department has seen an increase every year in minors opting to remain in foster care to be eligible for Non-Minor Dependent (NMD) transitional services. This is reflected in the following chart as there has been a consistent decrease since baseline data (01/01/12-12/31/12) in permanency for the older age group 16-17 years old.

3-P1: Permanency in 12 months for Children Entering Foster Care (All Entries Cohort, 8 Days or More In Care) vs. Baseline Performance										
Category		Baseline	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	% Change Between the Most Recent Data and Baseline
		01/12-12/12	04/12-03/13	07/12-06/13	10/12-09/13	01/13-12/13	04/13-03/14	07/13-06/14	10/13-09/14	
Age	11 - 15 yrs	26.5	20.7	20.3	18.3	13.1	15.8	8.6	9.3	-64.9
	16 - 17 yrs	38.8	40.9	36.4	38	36.5	34	27.1	24.5	-36.85
Ethnicity	African American	33.3	31.6	37.5	35.3	29.4	33.3	21.9	21.6	-35.13
	Caucasian	45.5	42.9	37.9	41.4	40	40.9	26.9	24	-47.25
	Latino	30.5	31.2	26	26.2	24.3	22.6	18.1	17.8	-41.63
	Asian/Pacific Islander	100	100	0	100	50	50	50	0	-100
	Native American	0	0	0	0	0	0	0	0	0
Overall vs. National Standard (40.5%)		34.9	33.9	30.7	31	27.9	27.6	20.6	19.5	-44.12
*Age is assigned based on how old a child is at the placement episode start date during the specified time period										
Red indicates performance is below the National Standard; Green indicates performance is equal or better than the National Standard										
http://cssr.berkeley.edu/ucb_childwelfare/P1.aspx										

Concerning is the decrease in permanency for the younger age group 11-15 years old. The most current data showed that 9.3% of 11-15 year olds achieved family reunification within 12 months compared to the baseline data for the same age group of 26.5%. This trend was recognized in the Year 2 SIP update. Therefore, the Wraparound Step Down program was created to assist this younger population. The Wraparound program is an intensive team approach that provides personalized and comprehensive services to youth and their families. Wraparound is a collaborative effort involving the Probation Department and Behavioral Health. The purpose of the Wraparound Step Down program was to initiate Wraparound services while the minor is in placement to facilitate family reunification and aid with the minor's transition home. The Wraparound Step Down program was implemented in March 2015, as such the effectiveness of the Step Down program has not been reflected in the available data.

Further analysis of the current outcome data by ethnicity showed the rate of family reunification within 12 months is 21.6% for African Americans, 24.0% for Caucasians, 17.8% for Latinos, and 100% for Asian/Pacific Islanders, a decrease from the baseline data of 35.1%, 47.3%, 41.6%, and 100% respectively. The baseline data set included one Asian/Pacific Islander minor that reunified within 12 months while there was no Asian/Pacific Islanders in the current data set resulting in the 100% variance. The decrease amongst the remaining ethnic groups had a variance within 9% of the overall 44.1% decrease in the minors finding permanency in 12 months.

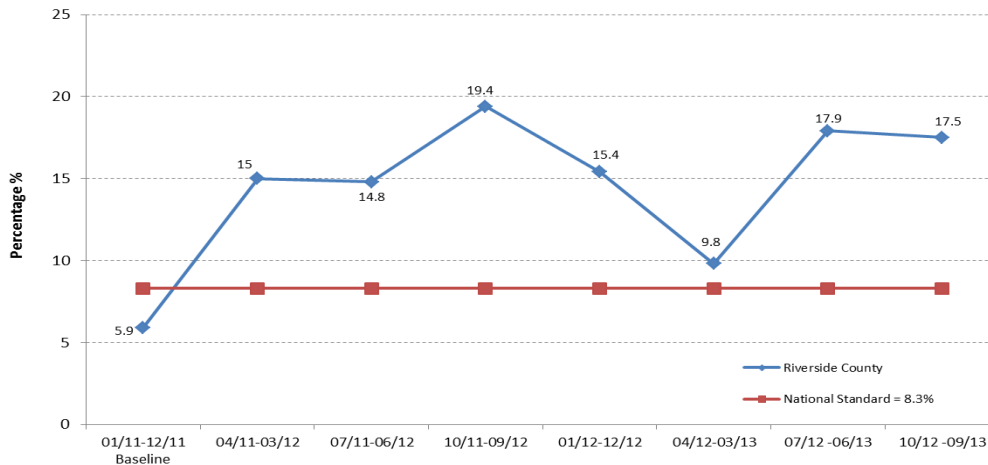
OLD: C1.4: Reentry Following Reunification (exit cohort): This measure looks at all children who enter foster care during a 12 month period and exited foster care to reunification or guardianship within 12 months of entering foster care and reports the percentage of those children who re-enter foster care within 12 months of their latest exit from foster care.

NEW: P4: Re-entry to Foster Care in 12 Months (entry cohort): This measure looks at all children who enter foster care during a 12 month period and exited foster care to reunification, living with relative(s), or guardianship within 12 months, and reports the percentage of those children who re-enter foster care within 12 months of their latest exit from foster care.

National Standard: 8.3% (or less)

Q3 2015: 17.5%

P4: Re-entry to Foster Care in 12 months



Using the new CFSR3 P4 measure, the baseline data (01/1/11-12/31/11) indicated a 5.9% rate of re-entry following reunification, lower than the new national standard of 8.3%. However, since the baseline data, the Probation Department has been consistently higher than the national standard. The most current data (10/01/12–9/30/13) reflects a 17.5% rate of re-entry following reunification, a slight decrease from the Year 2 data (07/01/12-06/30/13) of 17.9%.

3-P4: Re-entry to Foster Care in 12 months (All Entries Cohort, 8 Days or More In Care) vs. Baseline Performance										
Category		Baseline	Q1 2014	Q2 2014	Q3 2014	Q4 2015	Q1 2015	Q2 2015	Q3 2015	% Change Between the Most Recent Data and Baseline
		01/11-12/11	04/11-03/12	07/11-06/12	10/11-09/12	01/12-12/12	04/12-03/13	07/12-06/13	10/12-09/13	
Age	11 - 15 yrs	0	20	22.2	38.5	38.5	33.3	50	36.4	0
	16 - 17 yrs	8.3	13.3	11.1	8.7	3.8	0	3.7	10.3	24.09
Ethnicity	African American	0	0	0	12.5	20	22.2	18.2	22.2	0
	Caucasian	0	0	0	0	0	0	10	9.1	0
	Latino	14.3	37.5	30.8	33.3	22.2	10	22.2	20	39.86
	Asian/Pacific Islander	0	0	0	0	0	0	0	0	0
	Native American	0	0	0	0	0	0	0	0	0
Overall vs. National Standard (8.3%)		5.9	15	14.8	19.4	15.4	9.8	17.9	17.5	196.61

*Age is assigned based on how old a child is at the placement episode start date during the specified time period.

Red indicates performance is below the National Standard; Green indicates performance is equal or better than the National Standard

http://cssr.berkeley.edu/ucb_childwelfare/P4.aspx

Further analysis of the most current data by ethnicity and age showed that 36.4% of 11-15 year olds re-entered placement following reunification, compared to only 10.3% of 16-17 year olds. Finally, the current data shows 22.2% of African Americans, 9.1% of Caucasians, and 20.0% of Latinos re-entered placement following reunification. This is compared to the baseline data which indicated 14.3% of Latinos and no African Americans or Caucasians re-entered placement after reunification.

Analysis of the data demonstrates a significant deficiency in performance in both measures for the younger probation demographic (ages 11-15). As previously mentioned, this was recognized in the Year 2 SIP update as that data (07/01/12-06/30/13) reflected a 50% re-entry rate for minors age 11-15

years old. This resulted in the implementation of the Wraparound Step Down program in March 2015. The goal is for the Wraparound team to support the minor and parents with the minor's reintegration back into the home thereby reducing re-entry into foster care. In that the new practice was recently implemented, the effects are not reflected in the current data. The Probation Department looks forward to the new data in SIP Year 4.

STATUS OF STRATEGIES

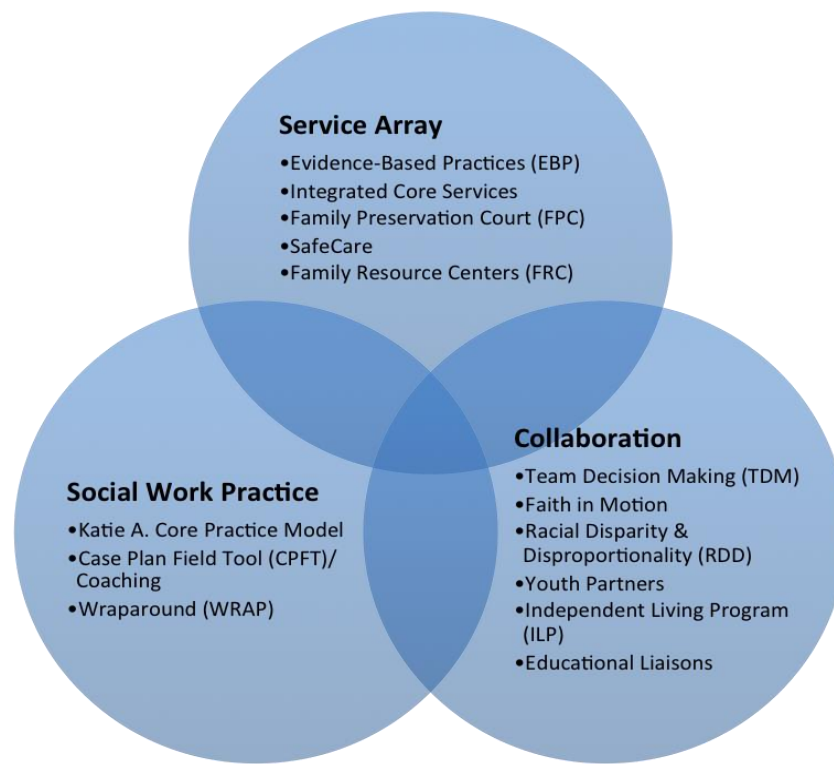
This section of the Year 3 SIP Progress Report provides the status of all CSD and Probation strategies and action steps scheduled to start and/or be completed by the end of Year 3.² An explanation of all revisions to the Five-Year SIP Chart is provided, including obstacles or barriers preventing or delaying a strategy or action step from being completed timely. Lessons learned and successes encountered during implementation are shared, as well as modifications being made to address obstacles or barriers. The method of evaluation and/or monitoring of strategies and action steps are also shared in this section and Attachment A.³

Children's Services Division:

As the figure on the following page illustrates, the 14 strategies utilized by CSD during the 2013-2018 SIP cycle have been organized thematically into three categories (service array, social work practice, and collaboration). Although these categories were developed based on feedback from stakeholders, focus group participants, and peers, it is important to recognize that these multi-systemic strategies crossover and inform more than one category. For instance, the Case Plan Field Tool (CPFT) is used in a collaborative effort to engage families in the case planning process, as well as a social work best practice that assists children in addressing special mental health needs. Year 3 progress for each of these 14 strategies is summarized below within the service array, social work practice, and collaboration groupings.

² Year 3 covers the period April 1, 2015, through March 31, 2016

³ Progress reporting on SIP strategies utilizing CAPIT/CBCAP/PSSF/CCTF funds are also outlined in the Annual CAPIT/CBCAP/PSSF/CCTF Report submitted to OCAP on October 27, 2015. There have not been any significant changes or reductions in spending on programs identified in the 2013 – 2018 Riverside County SIP.



Service Array

Evidence-Based Practices

CSD continues to focus efforts on the utilization of evidence-based practices. In the past year, all new Request for Proposals (RFP) incorporated requirements for evidence-based practices when applicable. In all renewed contracts, contract language reflects the need for service providers to utilize evidence-based or evidence-supported practices, as appropriate. Along with requiring evidence-based practices from our service providers, CSD is working to incorporate outcome measures to evaluate services and to measure the impact of all evidence-based practices on the SIP goals of safe and timely reunification, reduced re-entry, and placement stability. In the coming year, CSD will develop the infrastructure for data collection to evaluate the impact of our contracted services on our outcome measures. Contract language will identify the measurable outcomes and ensure assessment of a program’s effectiveness. SafeCare, Wraparound, and Family Preservation Court continue to be the cornerstones of evidence-based services in Riverside County.

Integrated Core Services

In early 2013, CSD created a team of Research Specialists to establish a system for collecting and analyzing data regarding the effectiveness of services and outcomes for families served by the Integrated Core Services model. The team was tasked with identifying the measurable outcomes of the services provided, determine the appropriate measurement tool(s), develop the data collection method, and establish a method of tracking the data for analysis.

CSD experienced a series of set-backs in moving this process forward. The most notable challenge was the loss of several key staff members. Changes in funding and personnel resulted in the need to rebuild the team. CSD has focused its efforts on restructuring and enhancing this team by developing new key positions for program evaluation. This involved the creation of several new positions including an Administrative Services Manager, an additional Supervising Research Specialist, and six Research Specialist positions.

Although there have been barriers to the evaluation process of the integrated core services, CSD is committed to providing effective services to the children and families we serve. CSD utilized the initial analysis of available services which identified deficiencies in domestic violence services countywide, a lack of drug testing for Banning, and the inaccessibility of service due to a lack of transportation, and then developed targeted solutions to address these deficiencies. A service provider was identified to provide drug testing services in Banning and a new contract was awarded for domestic violence services Countywide. Any new RFPs include language requesting service providers to demonstrate the accessibility of their services for clients in an effort to address transportation barriers. Additionally, creating standardized services in each of the FRCs is an effort to ensure integrated core services are accessible throughout Riverside County.

Family Preservation Court/Children Affected by Methamphetamine (CAM)

The Family Preservation Court (FPC)/Children Affected by Methamphetamine (CAM) grant program continues to provide substance abuse treatment services to families in Riverside County. FPC is an intensive 12 month court supervised program utilized by CSD when children are removed or at risk of being removed from a parent's custody due to child abuse or neglect as a result of the parent's substance abuse. Children and Family Futures Incorporated (CFF), is a non-profit policy and research center that was contracted to evaluate the CAM grant program. The evaluation of the CAM project began in 2010 and ended in 2014.

The findings from the final CFF evaluation report for fiscal year 2013/2014 showed promising results for timeliness to reunification. Of all the children that reunified with their families of origin, 73.8% of those children reunified in 12 months or less. Additionally, more than half of all the children that reunified returned home in 9 months or less. These findings indicate successful parent participation in the FPC program leads to shortened stays in foster care.

The program traditionally has four phases, with specific areas of focus for each phase. As a result of the evaluation findings from CFF, a Newcomer Phase was added in an effort to enhance engagement and retention. In the Newcomer Phase the focus is on stability, treatment, and early recovery. Program participants are required to have a sponsor and attend court weekly during the Newcomer Phase. The CFF evaluation also highlighted a need for improvements to the intake and referral process. FPC embraced these recommendations and is utilizing the Addiction Severity Index to assess potential participants. If participants require either a higher or lower level treatment, FPC will refer the parent to services that are better suited given the parent's identified needs.

CSD staff are able to refer parents to FPC before moving forward with Court involvement, as a pre-placement preventative "pre-file" service. Parents can also be referred to the program after the removal of their child. Staff education has been conducted in an effort to increase "pre-file" program awareness, and to encourage appropriate program referrals. These efforts, coupled with improvements to the intake and assessment process, are anticipated to increase the utilization of "pre-filing" preventative services in the future.

Although FPC continues to provide intensive substance abuse treatment services for the children and families participating in the program, the sustainability of the program in its current capacity is in question. The CAM grant ended during the 2013/2014 Fiscal Year. The Substance Abuse and Mental Health Services Administration (SAMHSA) grant will end in July 31, 2016. CSD will partner with other key stakeholders to develop solutions for continued funding. Additional funding sources are crucial for the program to continue as it currently operates.

FPC continues to strive to provide invaluable services to children and families in Riverside County. In an effort to improve engagement, FPC has shifted from a previously punitive focus to a new model of support and accountability. This paradigm shift is aligned with CSD's increased efforts of client engagement across all levels of service.

SafeCare®

SafeCare is an evidence-based in-home parenting training curriculum for parents who are at-risk or have been reported to CSD for child maltreatment, or who are involved with the Child Welfare System for child maltreatment. Early SafeCare is designed to provide services to families who have been reported to CSD and are at (moderate to high) risk of having their children removed from their care and custody, but have not had a petition filed with the Juvenile Court (pre-placement preventative services). Primary SafeCare services are designed to serve families who have been reported to CSD and already have an open Juvenile Court case (post-adjudication). SafeCare Plus is designed to serve those families with an open Juvenile Court case (post-adjudication), who are also in need of additional services.

Parents receiving SafeCare services receive weekly home visits to improve skills in several areas, including:

- Home safety
- Health care
- Parent-child interaction

Trained SafeCare professionals meet with families each week to improve the parents' knowledge of, and to practice effective, parenting skills. SafeCare visits are conducted in the family's home and may last up to two hours per visit. Home visits may continue for up to six months.

The goals of SafeCare services are to:

- reduce future incidents of child maltreatment
- increase positive parent-child interaction
- improve how parents care for their children's health
- enhance home safety and parent supervision

CSD has partnered with multiple agencies to provide SafeCare. The Department of Public Health provides the Primary SafeCare and SafeCare Plus program to families with an open child welfare case, with Public Health Nurses (PHNs) who have been specifically certified to provide these services. Funded in part with a grant from First 5 Riverside, SafeCare Plus targets pregnant or post-partum mothers, with goals to increase bonding, promote tobacco cessation, and ensure access to resources when post-partum depression occurs.

Data for Primary SafeCare and SafeCare Plus for fiscal year 2014-15 shows a total of 416 referrals for service were received, and a total of 405 parents participated in the program. Further, data reflects a graduation rate of 70.91% from the two programs.

Early SafeCare, a Differential Response (pre-placement preventative services) program, is

designed to prevent the need to open a formal child welfare case or to remove the child from the care and custody of their parents. Families with children one year or younger are considered high priority cases. Early SafeCare services are provided by the John F. Kennedy Memorial Foundation (JFK) and Family Services Association (FSA). Data for Early SafeCare for fiscal year 2014-15 shows a total of 646 referrals for service were received, and a total of 313 parents participated in the program. Additionally, data reflects a graduation rate of 48% from this program.

Among graduates of the SafeCare program whose children (0-5 age group) were in out-of-home placement prior to enrollment, 6.1% returned to out-of-home care within 12 months following reunification, compared to CSD's re-entry rate of 13.4% for the same age group. SafeCare graduates who experienced recurrence of maltreatment within 12 months following case closure is at a rate of 4.9%, compared to CSD's recurrence of maltreatment rate of 11.5% for the same age group.

Family Resource Centers (FRC)

Family Resource Centers (FRCs) continue to serve as community hubs for coordinated services with a focus on preventative services. There are five FRCs in Riverside County with locations in Jurupa Valley, Perris, Mead Valley, Desert Hot Springs, and Mecca. The FRCs offer a variety of services such as counseling, anger management, and parent education.

Although efforts to increase the utilization of FRCs appear to have successfully increased community utilization, FRCs appear to be under-utilized by social workers as an available resource for the families they serve. Despite CSD's efforts to increase utilization, such as social worker outreach, quarterly newsletters, and annual Resource Fairs, many of the classes and other available services at the FRCs have unfilled openings. This may be attributed to the limited standardized services available at all the FRC locations. Additional standardized services may increase utilization. The challenge will come in balancing the need for standardization without compromising the specialized needs of the unique communities the FRCs serve. Moving forward, the plan is to increase standardized services among all FRC locations, while assessing individual communities for specialized service needs. The goal is to create a balance between offering equitable services throughout Riverside County, while being cognizant of community individuality and tailoring services to meet those specialized needs.

FRCs continues to engage in community outreach efforts. Each FRC location hosts an annual Community Resource Fair. The Resource Fairs provide an avenue for the FRCs to link families to various service providers in their community. The Resource Fairs include, but are not limited to, faith-based

community organizations, financial services, public health services and education, employment services, legal aide, housing assistance programs/services, and migrant education.

Social Work Practice

Pathways to Wellness (Formerly Katie A)

CSD and Riverside University Health System – Behavioral Health (BH) developed several service delivery improvements in a coordinated effort called Pathways to Wellness (formerly Katie A).

Pathways to Wellness is a structured and coordinated collaboration between CSD and BH. The implementation structure, which includes a Steering Committee, Core Committee, and Subcommittees, includes executives, managers, supervisors, line staff, Parent Partners, and Youth Partners from CSD and BH. Outreach and training to county licensed caregivers such as Foster Family Homes (FFH), Foster Family Agencies (FFA), and group home directors is occurring through regional caregiver quarterly meetings, and the FFA and group home directors' quarterly meetings.

Collaboration between CSD and BH can be demonstrated by the Pathways to Wellness stakeholders' presence at the Community Partners Forum on October 1, 2015. This meeting was held, in part, to update stakeholders on the progress of Pathways to Wellness.

This meeting was well attended by 278 stakeholders. Stakeholders included participants from the Department of Education, Probation, regional centers, community-based organizations, Parent Partners, Youth Partners, the African American Coalition, Latino organizations, tribes, FFAs, group home agencies, child welfare staff, and mental health staff. All participants received an update on Pathways to Wellness and were informed of the next steps and the direction of Pathways to Wellness. Stakeholders, who provided feedback on agency leadership, progress, and needs, indicated that CSD and BH agency leadership efforts are working; this collaboration continues to be an ongoing process. Stakeholder meetings identified service gaps. CSD and BH addressed these gaps by making Child and Family Teams (CFTs) more culturally relevant, including parent partners in CFTs to provide additional support, providing CFT training to contracted providers, opening clinics in hard to serve areas, and providing significant services needed for transitional youth in the hard-to-serve areas.

All CSD case-carrying regions have implemented Pathways to Wellness. Regions continue to screen all existing dependent children and all new dependent children entering the Child Welfare System using the Mental Health Screening Tool (MHST). Children in all CSD regions are scheduled for mental health assessments and the identified "no show" rate is approximately 10% for dependent

children. This “no show” rate is in keeping with the general community population. Children not transported to mental health appointments were most frequently in FFA placements. To help eliminate this barrier, BH clinics now notify the FFA staff and the CSD social worker of the scheduled mental health appointment, after confirming the appointment with the FFA caregiver. This action has had positive results. BH data as of September 29, 2015, indicates that of the current 5,564 CSD dependent children, 5,024 have completed a mental health assessment and of these children 1,766, or 32%, meet subclass criteria (children with more intensive mental health care needs).

Children, youth, parents, and caregivers are now participating in Child and Family Team (CFT) meetings in all CSD regions. CFTs continue as CSD social workers, BH clinicians, and contracted providers are adjusting to this new method of teaming with families, youth, their support systems, and provider resources. Feedback from CFT meeting evaluations indicates that youth and parents feel more included in the meetings and they appreciate the teaming and meeting process. In an effort to keep up with the CFT demand, an additional six (6) CFT facilitators were hired at the end of December 2015.

Data from CWS/CMS indicates that of the 1,766 children who meet subclass criteria, 930 or 53% of these children have had at least one completed CFT meeting. Of the 2,380 children who meet class criteria (children with an open Child Welfare System case who have or may have mental health needs), 186 or 8% have had at least one completed CFT meeting. The total number of CFT meetings entered into CWS/CMS as of September 29, 2015 is 2,036. As social workers are integrating CFTs into their case management, children and families are participating in second and third 90-day CFT meetings.

Case Plan Field Tool

The Desert Region continues to be the leader in implementation of the Case Plan Field Tool (CPFT). The region began its implementation by creating workgroups that meet weekly. The region focused efforts on front-end Investigative Services social workers and conducted workgroups to clearly identify safety concerns, discuss client engagement strategies, and develop case plans that are behaviorally driven versus service compliant. As of April 2015, the Desert Region is utilizing the CPFT for the development of all case plans.

Although full implementation is relatively new for the region, early indicators show promising results. Qualitative case reviews showed overall improvement in engagement practices between social workers and the families they serve. Social workers have also reported greater job satisfaction and an appreciation for focusing case plans around safety concerns and measurable goals to assess a family's

progress. It also appears the focus on child safety and client engagement may be positively impacting caseloads in the Desert Region, as the region's average caseload appears to have decreased.

Utilization of the CPFT has not been widespread throughout all operational regions of CSD. The successful full implementation of the CPFT in the Desert Region can be attributed largely to the high level of commitment to the CPFT by the management of the Desert Region. When the CPFT was introduced in 2011, it was intended to guide practice and its use was not mandated or required. It was hoped the tool's use would grow organically as the positive benefits from its utilization spread. This has not been the case. Although additional regions have incorporated the CPFT into their practice, it is not being used consistently in any other operational region.

CSD is committed to increasing the utilization of the CPFT. The CPFT compliments the Safety Organized Practice (SOP) model and its use is believed to help transition staff into developing the engagement skills associated with SOP. The website for the CPFT is being revised and enhanced, and social workers are able to access the tool through County issued iPhones and tablets. This creates an additional incentive for social workers to utilize the CPFT in the field while engaging clients in the development of their case plans. All new staff are trained to use the CPFT during their Induction Training and additional CPFT refresher trainings are being developed for all staff in an effort to increase its utilization. CSD will focus efforts on increasing countywide utilization of the CPFT, while working with the newly created Evaluation Team to design an evaluation of the CPFT and assess the impact of the CPFT on safe and timely reunification, reduced re-entry, and placement stability.

Wraparound

The Wraparound system of care is an intensive team approach to providing personalized and comprehensive services to youth and their families that have serious or complex needs. Wraparound is a collaborative effort involving CSD, BH, and two contracted service providers (Oak Grove and Olive Crest). As of June 30, 2015, the goal of 230 children participating in Wraparound services has been met.

The Wraparound process focuses on 10 areas called Life Domains which include:

- Family
- Housing
- Safety
- Social/Recreational
- Medical/Health
- Financial
- Spiritual

- Legal
- Emotional/Psychological
- School/Work

Wraparound is built on developing support with the assistance of friends, kin, church members, and others identified from the family's social network. The unique strengths and needs of the family are assessed in order to develop safety and permanency in the family home, at school and in the community in which they live. The Wraparound staff works with the family and the team to develop a safety plan in the event a crisis occurs. This helps to ensure the youth can remain safely in their home and/or community.

Wraparound services are used primarily for:

- youth who are at risk of being placed in group home care
- to transition or "step-down" a youth in group home care to a less restrictive, more home-like placement
- to prepare a youth and their family for the transition from Family Reunification to Family Maintenance services

The effective use of Wraparound services produce:

- improved overall placement stability
- an increase in safe and timely reunification
- reduced re-entry rates

CSD, the Probation Department, BH, and the two contracted Wraparound providers (Oak Grove and Olive Crest), established a joint Wraparound Outcomes Committee which met for the first time in August 2013. Service providers began entering data into a single BH-administered database in November 2013. Quality assurance checks were completed in 2013 and 2014. Data was extracted from the database and linked with data from CWS/CMS in June 2015 (Year 3), with the joint draft annual report on Wraparound outcomes completed in June 2015.

CSD and BH completed an evaluation plan to measure the success of Wraparound. The evaluation of Wraparound utilized a variety of data collection measures to collect information on key variables:

- Placement: Placement types prior to and after Wraparound services were analyzed to determine if Wraparound resulted in increased home placement and decreased group home placement. Additionally, placement stability was examined using closed cases and out-of-home placements.

- CWS/CMS Case Closure: Cases closed from both Wraparound and CWS/CMS were utilized to determine the closure type such as adoption, court ordered termination, emancipation, kinship placement and/or family stabilized.
- Re-entry: This measure looked at children who re-entered foster care after having reunified during or after receiving Wraparound services.

CSD completed the analysis of the data collected and results are as follows:

- Children receiving Wraparound services showed statistically significant improvements in behavioral functioning. Approximately 46.5% of CSD Wraparound cases had both an intake and follow up measure, and improvements were noted on behavioral functioning at follow-up.
- Attendance stabilized and graduation rates improved for youth who participated in Wraparound services. Progress for graduation improved for 26% of students receiving Wraparound services. Furthermore, suspension rates for students in Wraparound services dropped 23%.
- Wraparound discharge status was analyzed separately based on length of stay (LOS), where youth involved in Wraparound services for 90 days or more had a graduation rate of 67%.
- Wraparound contributed to a significant decrease in group home placements and an increase in less restrictive, more home like environments (placements in home environments were at 35.3% before Wraparound and 57.5% afterward).
- Wraparound contributed to increased placement stability where 51.4% indicated more than two placements before Wraparound services and 8.4% after Wraparound services.

It should be noted that these analyses suggest that Wraparound positively impacts the children, youth, and families who participate in the program, as evidenced by increased rates of reunification, decreased rates of re-entry, and increased placement stability. Wraparound evaluation has evolved over time and modification to both the measures and the methods of data collection continues; outcomes evaluation additions and modifications are underway for the new fiscal year.

Collaboration

Team Decision Making meetings

CSD continues to utilize Team Decision Making (TDM) meetings as a tool to actively engage families and the community in making decisions regarding child safety and/or placement changes. It is believed that consistent and effective utilization of TDM meetings not only positively impact safe and timely reunification, but also reduce re-entry. Currently CSD has 11 full-time TDM facilitators, with back-up facilitators in each region. TDM facilitators continue to facilitate TDM and CFT meetings in all operational regions. In 2015, there were 1,317 TDM meetings and 216 TDM/CFT meetings facilitated in Riverside County.

TDM meetings have been used as a tool to provide culturally relevant services. In the Valley Region and in the Desert Region, TDM meetings are held for any African American child identified as being at risk of removal from a parent or caregiver or any time an African American family has reunified and their case is moving into Family Maintenance (FM) services. There has been an increase in the utilization of culturally sensitive services for African American families, including Rights of Passage for African American boys and Sister of Nia for girls. These programs are cultural enrichment programs aimed at building resilience in African American children. There are also specialized parenting classes, such as Effective Black Parenting available for African American parents.

In the Desert Region, any family that identifies as having Native American ancestry, regardless of ICWA eligibility, receive culturally specific services during TDM meetings. The Desert Region has partnered with Indian Child and Family Services, Indian Health, and the Torres-Martinez Desert Cahuilla Indians to provide culturally sensitive services to all families that identify as Native American. These partners participate regularly in TDM meetings on behalf of Native American families within the Desert Region.

CSD plans on expanding the role of TDM meetings in a proactive effort to have services in place for foster youth that return from AWOL status that are believed to be victims of, or at risk of, human trafficking. TDM facilitators have recently received specialized training for CSEC, and TDM meetings will be held even if the child is on AWOL status in an effort to have an established plan upon their return to care. CSD has a small window of opportunity when these youth return to get them into targeted services and to have suitable placement options in place. TDM meetings are a tool that will be utilized to coordinate these efforts on behalf of the youth, even if the youth is unavailable to participate.

Racial Disparity and Disproportionality (RDD)

In 2008, following collaborations between the CSD, the Casey Family Programs, Annie E. Casey Foundation, Stuart Foundation, and California Department of Social Services (CDSS), the need to address RDD in Child Welfare Services was very clear. In California and Riverside County, African American children are disproportionately represented in the Child Welfare System.

The focus of RDD is to increase client engagement and provide culturally specific services with the mission of increasing placement stability with safe and timely reunification, while decreasing the rate of re-entry into the foster care system for the African American families served.

The RDD workgroup has attempted to increase awareness and enhance efforts to reduce racial disparity and disproportionality Countywide. This is a collaborative effort with community partners and Faith in Motion partners. Efforts to reduce RDD began in the Valley region, as this region has the highest number of African American children and some of the highest rates of disproportionality in the County. Efforts to reduce reentry are also being conducted in the West Corridor and Desert Regions. Data revealed that RDD is a significant concern within specific zip codes Countywide; therefore RDD presentations were completed in all operational and centralized regions and RDD awareness is presented to social workers during Induction classes. After completing presentations, Regional Champions were identified and added to the RDD workgroup.

Regional Champions are tasked with:

- identifying region-specific community partners
- increasing awareness within their assigned region
- serving as the liaison between the region, workgroup, and the community
- identifying barriers and promising practices for improving outcomes
- identifying patterns and trends in practice

Planning assistance was provided by Casey Family Programs and Margaret Jackson, the director of the Cultural Broker program in Fresno, which has successfully reduced RDD for African American children. The collaboration with Casey Family Programs and Margaret Jackson resulted in the development of a TDM Community Representative Pilot.

The TDM Community Representative Pilot is limited to the West Corridor, Valley and Dessert regions and requires the regions to:

- Conduct a TDM meeting for all African American children who are at imminent risk of removal (or within five business days after detaining an African American child including W&IC 387 detentions).

- Conduct a TDM meeting prior to reunifying African American children with their parents (FR to FM), or within five business days after the court orders reunification contrary to the Department’s recommendation.

These efforts can be linked to a decrease in the re-entry rate.

Faith in Motion

Faith in Motion is a Collaborative initiated by CSD to engage faith based organizations throughout Riverside County in assisting children and families that have either been impacted by abuse and neglect, or who have a need for assistance, support, and a meaningful connection to their communities. The collaborative efforts between CSD and Faith in Motion provides children and families with a clear and helpful path to connections and resources that can meet their needs, whether they are first entering the Child Welfare System, or to establish a lifelong connection for those youth who age out of the Child Welfare System as Non-Minor Dependents.

The Riverside County Faith in Motion initiative currently is comprised of 50 very active and motivated organizations. Efforts being made by faith based partners include:

- Increasing the resources available to foster children and their families within the communities in which they live and worship.
- Increasing the successful (safe and timely) reunification of children with their families while providing the long term connections within their community that promote family stability.
- Increasing placement stability for foster children by recruiting, training, and supporting highly motivated members within their communities to be County licensed foster homes.
- Increasing the long-term positive outcomes for foster youth by assisting them with support in independent living, housing opportunities, employment preparation, tutoring and college assistance, with a goal of creating life-long, permanent connections in the communities in which they live.
- Increasing recruitment efforts in the children’s communities of origin.
- Building effective relationships with other faith based and community organizations to bridge any existing gaps in services and resources that may be needed by the families we serve.

The Riverside County Faith in Motion initiative is extending well beyond the geographic boundaries of Riverside County in an effort to broaden and deepen the network of faith based organizations that are engaged in serving foster children and families in their communities. This enhances the ability to access services for Riverside County clients extending beyond the County.

CSD launched the Southern Counties Faith in Motion Collaborative, which is a collaborative of Faith in Motion partners from Riverside, Orange and Ventura counties. Several meetings have been held since the 2014 launch. The Southern Counties Faith in Motion Collaborative continues to grow, adding faith based organizations in San Bernardino County, and initiating meetings with San Bernardino County Children's Services. Los Angeles County is also exploring the Faith in Motion Program and attended the November 2015 meeting. CSD also presented Faith in Motion to the Los Angeles County Deputy Directors and presented jointly with Orange County at the October 2015 County Welfare Directors Association (CWDA) Conference. Faith in Motion has also coordinated several foster parent recruitment events, including one that yielded over 40 requests to become foster parents. Additionally, Faith in Motion arranges mentors from faith-based organizations for several of the youth CSD serves, as well as meeting some of the financial needs and providing furniture, clothing, and bicycles, etc. to hundreds of families served by CSD. Currently 160, children are receiving one-on-one mentoring from faith-based partners. Efforts are currently underway to quantify the impact Faith in Motion has had on the families who have received these services.

Two large Faith Based Organizations in Riverside County have Foster Care Ministries, and are collaborating with CSD to provide on-site Foster Parent/Adoption training, as well as many other support-based programs. The ministries assist in recruiting, training, and supporting potential foster and adoptive families. The ministries also serve through organizing donations, meeting with families, providing support, facilitating CPR training, and "Adopt a Social Worker" program.

Educational Liaisons

The Educational Liaison program is a comprehensive interagency program that supports children in foster care with educational services, in addition to:

- Supporting children in continuing to attend their school of origin when possible.
- Assisting in the immediate transfer and enrollment in a new school when the transfer of school is necessary.
- Ensuring placement in the least restrictive educational setting that meets the needs of the foster child/youth.

- Assisting in obtaining and transferring of:
 - academic and medical records
 - immunization records
 - proof of residency
 - school uniforms
 - any fees or materials owed to the previous school
- Ensuring the proper transfer of school credits for courses completed, partial credit for classes taken, and all grades.
- Assisting in requesting and implementing Individualized Education Plans when required.

The Educational Liaison program currently consists of three Educational Liaisons and one Educational Counselor with specific caseloads. The caseloads are:

- Grades K-8,
- Grades 9-12,
- Group Home youth, and
- Non-Minor Dependents

CSD, in collaboration with Riverside County Office of Education (RCOE), also hired an attendance/registration technician (ART) to assist with obtaining school records and registration, and an Educational Counselor was added in early 2015 to work specifically with Non-Minor Dependents (NMD).

An Educational Liaison is currently co-located with social workers from CSD's Group Home units. CSD Staff have found the accessibility of the liaison quite beneficial in that they are able to quickly address the educational needs of high risk youth.

For the current year, and moving forward, data is being collected which will allow CSD to measure the effectiveness of these efforts over time, such as graduation rates and SIP outcomes of placement stability and rates of reunification and re-entry.

To accurately measure the long-term effectiveness of the Educational Liaison efforts, CSD is coordinating with RCOE in developing and implementing a more effective evaluation plan that combines quantitative and qualitative data. Data collection for the quantitative portion of evaluation is underway, and Educational Liaisons are sending the initial assessments to the Research Specialist evaluating the program.

The qualitative aspect is new to the evaluation plan, and it will provide a different perspective of the program. A program evaluator, using purposeful samplings of selected foster children from the

Education Liaisons' caseloads, will observe and follow the academic progress throughout the academic year. Several case stories include youth who have transitioned to more appropriate educational settings, and were ensured they maintained the educational rights afforded to them, including having credit requirements reduced due to foster care placement changes, having credits recovered, ensuring IEPs are timely, and expeditious assistance with fees and fines.

Independent Living Program (ILP)

CSD's Independent Living Program (ILP), part of the Youth and Community Resources (YCR) region, provides services to eligible youth aged 16-18 in Planned Permanent Living Arrangement (PPLA) and Non-Minor Dependent (NMD) young adults up to age 21. YCR has 25 social workers that are familiar with the specific needs of youth and young adults so as to improve:

- services aimed at increasing placement stability
- ensuring successful transition to adulthood

ILP provides youth and young adults with services aimed at promoting education, employment, permanency, health, safety and providing current and former foster youth with resources that promote self-sufficiency and independence through the centralized case management program and the ILP community based program. In an effort to promote education, an Educational Counselor was hired in 2015 to work specifically with NMDs. As of December 2015, CSD ILP provided services to a total of 937 in-care youth; 933 active after-care youth and 323 NMDs.

Further, CSD has partnered with Oak Grove Center for Education and the Arts to provide training, advocacy, mentoring, and support services to ILP-eligible CSD and Probation youth. Currently, Oak Grove staff members consist of a Program Director, a Program Coordinator, Supervisor II/Staff Specialist and Trainer, Supervisor II/Community Partner Liaison, seven Facilitators, eight Life Coaches, and two Peer Mentors, who implement the evidence-based curriculum, as well as a small number of former foster youth who serve as mentors. In total, approximately 20 Oak Grove ILP staff regularly work with in-care youth and have proven to be very responsive to the needs of youth and young adults in the program. Oak Grove continues to utilize the evidence-based life-skills curriculum entitled ARISE and has seen life skills workshop attendance increase greatly since its implementation. The program has seen success in the following ways:

- On June 9, 2015, Oak Grove celebrated 10 Thrive Program Graduates.
- From January 2013 through September 2015, THRIVE ILP has celebrated over 1,420 quarter graduations and 103 program graduates.

- Oak Grove's A-0 ILP Assessment tool was administered to all youth that graduated July 1, 2015 through September 30, 2015, a random sample (25%) was gathered from each location's graduation population, the results of the entire sample demonstrates a 45.9% increase in independent living skills as measured by knowledge of the topics taught during that quarter.
- Due to increased demands, as of November 2015 Oak Grove has added another workshop location in Bermuda Dunes.

Currently, the ILP Consortium is developing goals and measures to ensure:

- placement stability
- increasing High School graduation rates for ILP Youth
- increasing College attendance for ILP Youth
- increasing financial literacy and stability
- expansion of the transitional housing program
- expansion of Foster Care THP+FC program
- surveying caregivers of youth who have graduated from high school
- continuing to expand Project Graduate

Additional plans for ILP include: continuing to increase the number of participants in ILP THRIVE, measuring participation rates, increasing community partnerships to further specify ILP goals, and modifying the existing Efforts-to-Outcomes (ETO) database to better capture data for NMD clients. ETO is utilized to collect program information on all youth who participate in ILP services.

ILP challenges include:

- transportation (particularly for youth who live in remote locations), to attend important workshops
- increased staff caseloads
- limited placement resources
- availability of appropriate mental health services for youth transitioning from group homes and remaining in Extended Foster Care (EFC)

Although ILP is faced with challenges, the focus is on partnerships with, and focused service delivery from, ILP providers who are critical and meaningful to youth who receive ILP services.

Youth Partners

Riverside County continues to utilize Youth Partners to provide direct services to youth and young adults in foster care. Through their unique experiences as former foster youth, Youth Partners are able to engage our current foster youth from a different perspective. They have been instrumental in bringing the foster youth's voice to the table when crucial decisions are being made and have become internal advisors providing guidance and input on both policy and practice.

Currently, CSD has six full time Youth Partners. Youth Partners continue to participate in TDM meetings, as well as CFT meetings. From August 2014 through August 2015, Youth Partners have participated in 130 TDM meetings, 54 CFT meetings, and 21 TDM/CFT meetings. The Youth Partners continue to provide mentoring services to our foster youth. These activities include life skills, such as assisting the foster youth with completing college and job applications, making medical appointments, and participating in college tours with foster youth. Youth Partners will also connect the foster youth with colleges' foster care liaisons when available. They provide foster youth with bus passes for transportation, and assist by identifying bus routes for the foster youth and guiding them through public transit by riding the bus with the foster youth. They encourage substance abuse treatment service for foster youth identified as having substance abuse issues and will attend initial treatment services with the foster youth if requested.

Foster youth have been identified as a high risk population for human trafficking and sexual exploitation. CSD has developed two Youth Partners as Commercially Sexually Exploited Children (CSEC) specialist. These Youth Partners received specialized training and have been designated as our CSEC specialists. Foster youth identified as at risk of sexual exploitation and/or those believed to be victims of human trafficking are referred to the Youth Partner program to receive mentoring services. Youth Partners educate the foster youth about the dangers of prostitution and provide specialized support. The Youth Partners also participate in Riverside County's CSEC Steering Committee, which includes Riverside County's District Attorney, Department of Probation, Riverside County Anti-Human Trafficking Taskforce (RCAHT), Public Defenders, BH, and Operation Safe house.

During this past year, CSD has worked to create Efforts-to-Outcomes (ETO) database to track Youth Partner services and outcomes. The ETO database is currently being tested and is anticipated to be available for use late December 2015. Some of the data to be collected will be demographic information, abuse category, service component, placement type, and reason for referral. Initial data analysis is anticipated to take place approximately six months after initial implementation, with ongoing analysis throughout the life of the program.

Probation Department:

This section summarizes the Probation Department's progress on the six strategies identified in the 2013-2018 System Improvement Plan. Two of these strategies (promoting evidence-based practices, expanding and evaluating Wraparound) are shared efforts with CSD.

Strengthen probation officer practices

An action step for December 2014 through December 2015 was to evaluate training delivery and transfer of learning strategies for the implementation of Motivational Interviewing and Forward Thinking programs, using audits and case plans/treatment needs, and implementing changes based on evaluation. The implementation of Motivational Interviewing and the Forward Thinking Program has been an on-going action step for the Probation Department due to new hires and staff movement. It was recognized that those officers who completed the training were more likely to use the minor's case plans, treatment needs, and personal strengths to guide their contacts and case management. As such, new placement staff are expected to complete Motivational Interviewing training within their first year of being transferred to the Placement Unit.

The Forward Thinking Program is fully implemented and classes are facilitated by the placement and supervision officers. During 2015, the Probation Department implemented a Title IV-E Assessment and Supervision training class, which was mandated for all juvenile probation officers. An objective was to correctly develop the Imminent Risk Assessment/case plan and how to identify appropriate objectives that were specific to the minor's needs and strengths. An outcome of the Title IV-E Assessment and Supervision training was the creation of the Title IV-E Caseload Audit form. This monthly audit form allowed the unit supervisor to effectively monitor quality of treatment, PO monthly contacts with minors and their families, and the successful engagement of the minor and parent with probation services. This evaluation will continue throughout the next reporting year.

Strengthen probation officer practices by improving placement-based mentoring, and use of goals/outcome-based placement visitation

The action step for December 2015 was to implement Probation's Mentoring Program and the placement visitation form which were assessed and evaluated in 2013-2014. The Placement Staff Mentoring Program has been implemented and includes consistent mandated Placement CORE training by UC Davis, and peer mentoring of newer staff by more experienced staff. Placement supervisors also

attend Placement Supervising Probation Officer CORE training through the UC Davis program. As newer staff is transferred to the placement unit, the goal is for them to complete their mentoring program within the first year of transfer.

The use of the placement visitation form was met by December 2013. It continues to be used to ensure case plan goals and objectives are being addressed during monthly contacts with minors and their parents and/or guardians. Additionally, the form ensures the correct information is entered into the CWS/CMS system.

Improve placement support and services by requiring placement providers to utilize Evidence-Based Programs (EBP)

The action step for December 2014 through December 2015 included evaluating existing community based organizations (CBO) and service providers (SPs) for EBP standards of care and treatment, graduation rates, and accountability-based performance reviews. Additionally, it entailed a CBO/SP list in relation to current Department need, which incorporates EBP requirements into contracts, and a solicitation for contracts/providers with a contract start date on or before January 1, 2016.

The Probation Department's Placement Review and Revision Committee, which was implemented in 2014, continues to meet bi-weekly to discuss the effectiveness of the services provided by each of the SPs and CBOs utilized by Riverside County's Probation Department to address the needs of minors placed out of home. Additionally, the use of the Placement Handbook and quarterly meetings with placement facility directors are ongoing to reinforce the Probation Department's expectations and to discuss concerns common to multiple placement facility directors. The quarterly meetings also afford the placement facility directors and probation staff the opportunity to network in an effort to improve programing and share CBO resources. Moreover, the Placement Monitor Officer monitors placement provider graduation rates and standards of care.

The designated Resource Specialist maintains a list of CBOs/SPs available for the Juvenile Services Division. At present time, there are no current contracts with our placement providers; however, expectations of care are provided to each placement provider in the Placement Handbook. Due to Continuum of Care Reform (CCR), contracts with the placement providers are held in abeyance.

Improve placement support and services by improving initial and ongoing assessments of minors to reduce placement failures/runaways and promote and maintain first/best placement fit

The action step for December 2014 through December 2015 included identifying gaps in evaluating existing CBOs and SPs initial and ongoing treatment service plans to promote early and accurate identification of issues, ensure placements follow their treatment service plans, increase accountability and standard of care, and strategize for timely reunification. The placement officers and Placement Monitor Officer ensure placement providers are meeting the expectations documented in the Placement Handbook to include timely and individualized initial and ongoing treatment plans for individual and minor-specific goals.

This has been beneficial to ensure services are delivered timely and tailored to the minor's needs and strengths. Any concerns relating to services provided are discussed in the Placement Review Revision Committee meetings and concerns are addressed with the placement providers at the quarterly Directors' Meeting or one on one depending on the urgency of the matter.

Another action step for December 2014 through December 2015 included evaluating existing Interagency Screening Committee (ISC) policy and process including requiring presentations by each private placement provider to ISC, to reduce placement failures/runaways by identifying first/best placement fit of minors to programs. This action step is on-going. Private placement providers are invited to the ISC for presentations to share their program's services. This has proven beneficial to the ISC members in recommending appropriate placement facilities to address the minor's individual needs and strengths.

Increase a minor's retention in familiar environments and culture by expanding family-centered community-based Wraparound Program

The action steps for December 2014 through December 2015 included integrating the approved recommendations for the Wraparound Program utilization and processes, comparing actual practice to policy, and developing expansion recommendations. The action steps for December 2015 through January 2018 include evaluating and monitoring the expanded practices of the Wraparound Program.

An early intervention Wraparound service was the first to be implemented in the beginning of 2014. It entailed offering Wraparound services to the families of minors who had been supervised on a traditional field supervision caseload at the maximum supervision level for at least six months. These minors had not done anything to rise to the level of a probation violation, but had not made any significant positive strides toward downgrading their supervision levels either. For these families, participation in Wraparound is completely voluntary and does require a court order of cooperation. There has been minimal participation in this expansion program; however, the probation juvenile field supervision unit continues to monitor their caseloads and offer it to those minors who qualify.

The Multi-Dimensional Family Treatment (MDFT) Wraparound expansion program has had much more success in finding participants. It began shortly after the early intervention Wraparound program began in early 2014. In addition to the standard Wraparound services, MDFT is referred for those minors whose primary rehabilitative need is addressing substantial substance abuse. Approximately 20% of Wraparound participants incorporate the MDFT component. Without MDFT services, these minors may have been sent to private placement to address their substance abuse.

The Adolescent Offender Group (AOG) Wraparound expansion program was implemented in September 2014, and it has also had great success. It is referred for those minors whose primary rehabilitative need is addressing sexual offender behavior. Much like juvenile substance abuse, families of minors who commit sexually based offenses often deal with family conflict in the home. This conflict is often due to shame or anger related to the offense. As such, it appeared likely that treating both issues together would be beneficial. This collaboration has been extremely successful as no AOG clients have violated the terms and conditions of probation. There have been three graduates with an additional three minors currently participating.

Another expansion program came about due to minors being required to wait for Wraparound services as the probation Wraparound deputies' caseloads were at capacity. As such, both Departments gained executive approval to operate a "Bridge" Wraparound program. With this program, a traditional field supervision deputy would work with the behavioral health portion of the Wraparound team to provide Wraparound services to the minor until a Wraparound deputy had an opening. At that point, the Wraparound officer would replace the temporary probation officer on the team. This effectively eliminates any delay in Wraparound services due to Probation staffing issues. At present time, there are no minors participating in the "Bridge" program as the Wraparound caseloads have been able to accommodate the referrals.

Finally, data gained in the Year Two SIP Progress report, and confirmed with the current data, reflected the need for increased services for placement minors who entered placement prior to their 16th birthday. Data reflected this younger population had a longer stay in placement and a higher re-entry rate following reunification. As such, a Wraparound "Step Down" program was implemented in March 2015. The purpose of this program was to initiate Wraparound services at least 60 days prior to a minor's anticipated graduation date and continue with the Wraparound services after they return home. The goal is to aid the minor and family with the transition home thereby reducing re-entry after reunification. Since its implementation in March 2015, there have been five minors participating in the program with one minor already graduating the Step Down program.

The remaining four minors are actively participating in the program with no violations of probation to date. In that, the new practice was recently implemented, the effects are not reflected in the current data. However, the Probation Department is awaiting the release of the 2015 Riverside County Wraparound Collaborative Summary report to evaluate the effectiveness of Wraparound services. This and the additional expansion programs will continue to be evaluated in 2016.

Improve communication of and connection to available family specific services by developing the “resource specialist” concept

The action steps for June 2015 through June 2016 are to evaluate current available resources, resource providers, and community based organizations, and to complete a department needs assessment. In June 2015, a designated “resource specialist” was assigned to the Juvenile Services Division Intake unit. This designee is responsible for maintaining a list of current available resources, resource providers, and community based organizations. It is designed to evaluate and improve probation, familial, and placement awareness of proven community resources. This has been instrumental in referring minors and their parents/guardians to resources located within their communities that are specific to their needs. A review of the Department’s needs assessment will be evaluated in 2016.

OBSTACLES AND BARRIERS TO FUTURE IMPLEMENTATION

Children’s Services Division:

Hiring and retaining qualified staff is one barrier, which leads to the additional challenge of ensuring those newly hired staff are well trained and equipped for success. During 2014 and 2015, CSD hired 299 new social workers, but 214 social workers left the Division during those same two years. Social workers are the most important element in providing services to our children and families. Having well-trained social work staff is essential to the success of CSD’s strategies. Although some of our newly hired staff transitioned to Riverside County from surrounding counties with prior child welfare experience, many of our new workforce has no prior child welfare experience. This barrier is remedied only by time and continued field practice. These staff must learn how to practice social work and engage challenging clients in a fast paced environment with inflexible deadlines and high stakes. Child safety is paramount; therefore training is centered on conducting thorough and accurate safety assessments. All staff are encouraged to utilize the identified strategies as part of their social work practice, but child safety is the priority.

As CSD continues to struggle with maintaining staffing levels to meet the demand for current child welfare investigations and case management, additional state mandates will place a tremendous amount of strain on future staffing levels. The implementation of Resource Family Assessment (RFA) in Riverside County is an enormous undertaking requiring CSD to take on activities formerly handled by Community Care Licensing. Under RFA, there are additional requirements for certifying relative caregivers and Foster Family Homes. These additional requirements, coupled with CSD now being responsible to respond to licensing violations, will require not only hiring additional staff, but ensuring staff are trained in the new process and necessary procedures. These changes impact both our Placement Region, which is currently responsible for relative assessments and our Permanency Region, which is responsible for conducting home studies for CSD.

As CSD prepares for the implementation of Continuum of Care Reform (CCR), there are concerns about the impact CCR will have on placement stability for some of our youth that are traditionally difficult to place due to undesirable behaviors and/or challenges associated with adolescence. Although it is always the goal to have children and youth placed in the least restrictive family like settings, there are children and youth that require a higher level of care. Currently, there are a limited number of group homes available for placements within Riverside County, which requires Riverside dependents being placed out of county. This is problematic for several reasons, including increased travel for social work staff which impacts case management and the availability of services outside of Riverside County. Under CCR, group home facilities will have to provide the State with amended program statements to outline whether they will be converting to Short-term Residential Treatment Centers (STRTCs) or a Treatment Foster Family Association. CSD is dependent upon these group home service providers to provide placement options for our youth and how the service providers choose to continue to provide services will impact the availability of placements within Riverside County. The decisions made by our group home service providers could significantly impact the success of placement stability.

The implementation of our SIP strategies requires focus and resources. When additional mandates are issued by the Federal government and/or the State, CSD must redirect resources to meet new mandates. A prime example of this is Continuous Quality Improvement (CQI). The process for becoming Federally certified to conduct case reviews requires several days of training, the completion of practice case reviews, multiple coaching teleconferences, and the completion of a test case review. The training for these reviews is time consuming, but the reviews themselves are both time consuming and labor intensive. This is not to say these activities are unnecessary or superfluous. CQI plays an essential role in identifying areas of strengths and weaknesses within our child welfare practices and is highly

valued by CSD; however, the activities around CQI certification provide an example of the time and resources required to be directed to other mandated activities that fall outside of our SIP strategies.

Probation Department:

In response to the Year 2 SIP data that reflected a longer stay in placement and higher re-entry rate following reunification for minors under the age of 16, the Probation Department along with BH implemented the Wraparound Step Down program in March 2015. At present time, there are four minors participating in the Step-down program with approximately 25 eligible Step-down minors currently in private placement. In that the Probation Department has limited Wraparound openings, the current plan to accommodate the increased minors is the use of the Wraparound “Bridge” program allowing a traditional field supervision deputy to work with the BH portion of the Wraparound team to provide Wraparound services to the minor until a Wraparound deputy has an opening. The referrals will be evaluated in 2016 and should the need arise; the Probation Department along with BH will consider an expansion of the Wraparound caseloads.

Another barrier is the effects of the Continuum of Care Reform (CCR). It is understood that one of the goals of CCR is the placement of minors in the least restrictive setting to include foster family or extended family members. However, for the Probation Department it is sometimes difficult to find suitable extended family members or foster families due to the offenses committed and the needs of the minor. Thus, some minors require a higher level of care. Currently, the Probation Department uses various group home facilities to provide the higher level of care required for the minor’s treatment needs. The impact of CCR on the placement of our minors will continue to be evaluated in 2016 as some of the provisions take effect.

PROMISING PRACTICES/ OTHER SUCCESSES

Children’s Services Division:

One of the five goals in the current CSD strategic plan is to build and maintain a well-trained workforce. Additionally, Riverside County DPSS added creating a culture of developing staff to its six-month Strategic Objectives for early 2016. Workgroups continue to meet to develop effective plans of action to recruit skilled staff and reduce the division and Department’s attrition rate. Maintaining a sufficient number of well-trained social workers and supervisors is a crucial component to providing child welfare services to the children and families of Riverside County. Furthermore, CSD supervisors attended Retention Strategy training in January 2016. A skilled and motivated workforce has greater

potential to improve CSD outcomes, and improve the quality of services to the children and families served.

CSD has concentrated efforts on the creation of a Program Evaluation Unit. This required the creation of two new key positions, a new Supervising Research Specialist position and new Administrative Service Manager. Additional Research Specialist positions were also added to this unit. As soon as the positions were approved, CSD began the recruitment process to fill the positions. All positions have been filled and all new staff are active employees. This unit's primary role is to establish evaluation plans for the SIP related strategies, as well as to assist in the development and implementation of evaluations for the services provided to the children and families we serve.

In an ongoing effort to employ strategies targeted at retaining staff, CSD continues to have Supervisor Advisory Group (SAG) meetings monthly. These meetings provide a venue for supervisors to discuss challenges and develop solutions in collaboration with their peers and the Executive Team. Supervisors from all areas of practice attend SAG, increasing communication across operations and administration. These meetings are critical in providing a two way communication between supervisors and the Executive Team; not only giving the Executive Team exposure to the current pulse of practice, but also allowing Executives to communicate macro issues influencing practice within the organization.

CSD identified Mindfulness Training as a potential solution to combat social worker burnout and attrition and a pilot was initiated in late 2014. The Mindfulness Pilot was conducted over a six month period and the assessment for effectiveness was conducted in June of 2015. The program showed some promising results in reducing burnout, secondary trauma, and perceived stress for those social workers that participated in the Mindfulness Training; however there were serious limitations in the pilot. The number of participants was very small and many of the participants declined to complete questionnaires necessary to assess the program's effectiveness. Furthermore, due to competing priorities, many staff could not maintain consistent attendance in the trainings. This led to data being excluded from the analysis. It was determined, although the results showed some promise, that there was insufficient evidence to support further time and financial expenditures in fully implementing Mindfulness Training for all staff.

Safety Organized Practice (SOP) is a strength-based approach to child welfare services in which social workers partner with parents to address identified threats to their child's safety. The foundation of this approach is a focus on collaboration and partnership by building on a family's strengths to stabilize and strengthen the family unit. CSD has developed an implementation plan to incorporate SOP as the method of practice in Riverside County. The training consists of a three day orientation course followed by monthly one day trainings for 12 months. As staff participate in training they are

encouraged to incorporate the strategies and tools learned in the SOP training into their case work. Currently 118 staff have completed the SOP Orientation training. Client engagement is at the center of successful child welfare outcomes. SOP offers staff additional engagement strategies and has been shown to not only improve child welfare outcomes for families, but also to increase job satisfaction for those staff practicing the approach. CSD anticipates all staff will be trained in the SOP model by 2020.

Probation Department:

Data gained in the Year Two SIP Progress report, and confirmed with the current data, reflected the need for increased services for placement minors who entered placement prior to their 16th birthday. Data reflected this younger population had a longer stay in placement and a higher re-entry rate following reunification. As such, a Wraparound Step Down program was implemented in March 2015. The purpose of this program is to initiate Wraparound services at least 60 days prior to a minor's anticipated graduation date and continue with the Wraparound services after they return home. The goal is to aid the minor and family with transition home thereby reducing re-entry after reunification.

The full implementation of the Wraparound Step Down program was completed in December 2015 and has been exciting. It is believed the program will have a high potential for success to reduce a minor's length of stay in placement and reduce re-entry following reunification. Since beginning implementation in March 2015, there have been five minors participating in the program with one minor already graduating the Step-down program. The remaining four minors are actively participating in the program with no violations of probation to date. The Probation Department looks forward to analyzing the data in the coming months to further assess the impact of this program.

In April 2015, construction began for the Probation Department's Alan M. Crogan Youth Treatment and Education Center (AMC YTEC), a new 106-bed facility. It will house the current Riverside YTEC program (previously known as the Youth Offender Program) presently operated in the Riverside Juvenile Hall. YTEC is also incorporating a new Intensive Re-Integration Services (IRIS) component designed to treat minors who are seriously emotionally disturbed pursuant to 5600.3(a) W&IC. These minors would have otherwise been placed in private Rate Classification Level (RCL) 12/14 programs. Additionally, the YTEC program is evaluating a juvenile sex offender program for minors requiring a secured setting. The impact of the YTEC facility on the number of minors placed in private placement facilities is being evaluated. The YTEC facility is targeted to open in late 2016.

OUTCOME MEASURES NOT MEETING STATE/NATIONAL STANDARDS

Child Welfare Measures:

There are four additional measures where Riverside County Children's Services Division has been performing below state averages and/or national standards based on Q3 2015 data from the California Child Welfare Outcomes and Accountability System quarterly report prepared by the University of California, Berkeley. These outcome measures include:

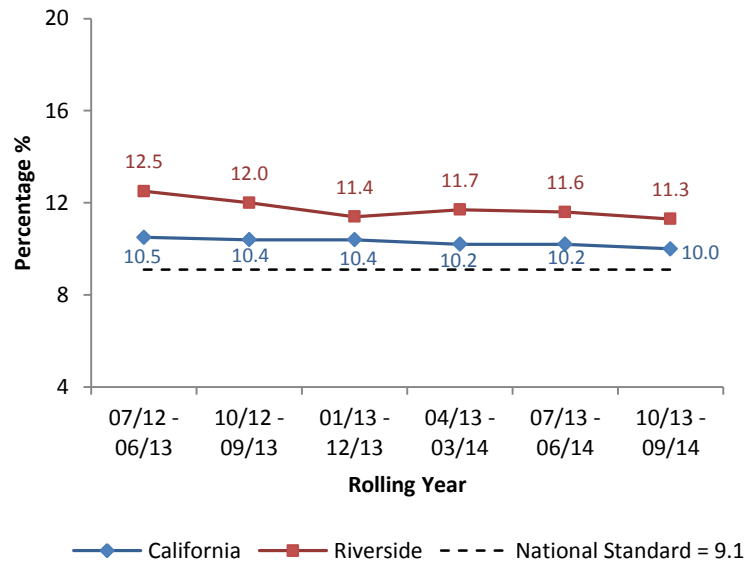
- S2 Recurrence of Maltreatment
- 4B Least Restrictive Placements (entries first placement)
- 4E Indian Child Welfare Act (ICWA) Placement Preferences
- 5B Timely Health/Dental Exams

Measure S2: Recurrence of Maltreatment (NEW Federal Safety Indicator)

This new federal measure looks at all the children who were victims of a substantiated report of maltreatment during a 12 month reporting period. Of those children, what percent were victims of another substantiated maltreatment allegation within 12 months of their initial report? This new measure looks at 12 months rather than the previous measure of six months and the focus is on recurrence compared to no recurrence of maltreatment. Further, the new measure excludes all children who are 18+ at the time of initial report and substantiated allegations occurring within 14 days of initial report.

Riverside County consistently has a higher percentage of recurrence of maltreatment compared to both the State of California and the National Standard. Beginning Q3 2013, the performance shows a slight improvement through the current time period. Strategies to continue to assist in improving performance on this measure include SafeCare and the Case Plan Field Tool.

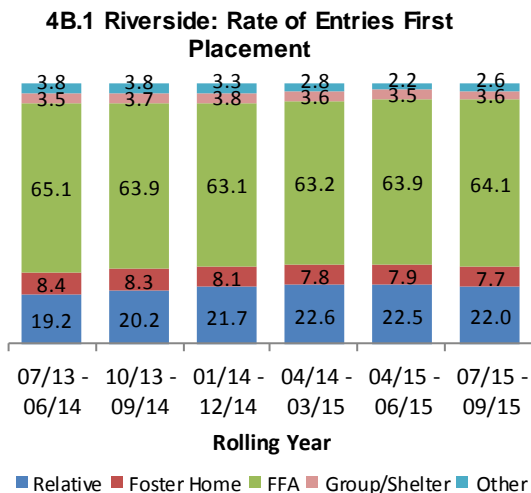
3-S2: Recurrence of Maltreatment



Measure 4B: Least Restrictive Placements (entries first placement):

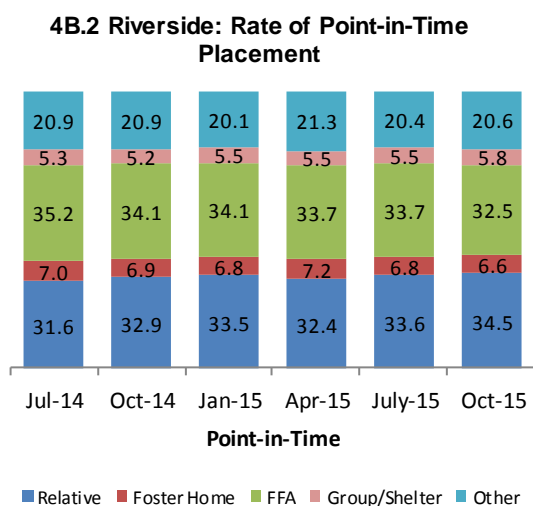
The data for this measure is drawn from a longitudinal database and contains information on all entries to out-of-home care during a specified time period. Riverside outcomes are compared to California averages. Youth 18 and over that elect to remain in care as a non-minor dependent may be placed in a new placement type, the Supervised Independent Living Placement (SILP).

Foster Family Agency (FFA) placements, at 63.9% (compared to 42.7% for California), are the largest percentage of any initial placement type for children in out-of-home care, followed by Relative Homes at 21.4% (compared to 27.2% for California) and Foster Homes at 8% (compared to 16.1% for California), as averaged over the 6 report periods between July 2013 and September 2015 (Figure 4B.1).



Placement	Average %	
	Riverside	California
Relative	21.4	27.2
Foster Home	8	16.1
FFA	63.9	42.7
Group Home	3.6	11.4
Other	3.1	2.5

Riverside County's point-in-time rate of placement for group homes has stayed about 5.5%, and it is lower than California's average of 6.3% (Figure 4B.2). In addition, the point-in-time rate for FFA placements decreased by 4.7% between October 2014 and October 2015 compared to the 4.3% percentage decrease between July 2014 and July 2015.



Placement	Average%	
	Riverside	California
Relative	33.1	35.2
Foster Home	6.9	9
FFA	33.9	25.2
Group Home	5.5	6.3
Other	20.7	24.4

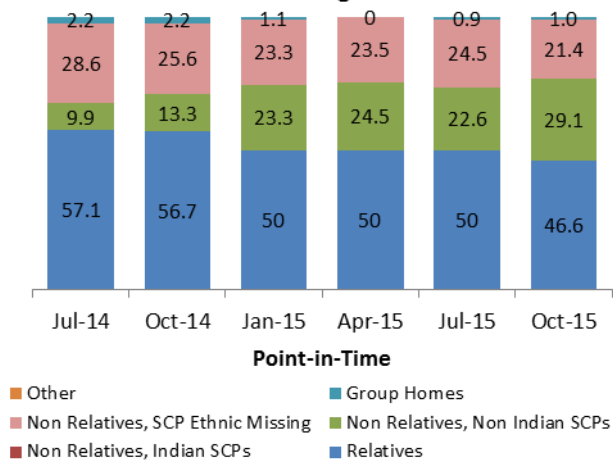
Measures 4E (1) & 4E (2): ICWA Placement

Preferences (ICWA Eligible/American Indian Ethnicity):

These data examine the placement status of Indian Child Welfare Act eligible children [4E (1)] and children with primary or mixed (multi) ethnicity of American Indian [4E (2)]. Placement status considers placement type, child relationship to substitute care provider, and substitute care provider ethnicity. The resulting placement status categories are: placements with relatives; with non-relative, Indian substitute care providers; with non-relative, non-Indian substitute care providers; with non-relative substitute care providers with ethnicity missing in CWS/CMS; in group homes (ethnicity cannot be determined); and in other placements.

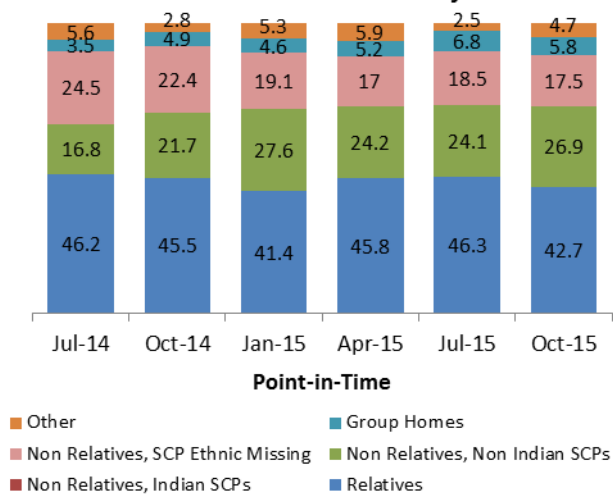
The percentage of placements in Relative Homes has recently trended upward while Non-Relative, Substitute Care Providers (ethnicity missing) has trended downward for both measures 4E(1) and 4E(2) between the beginning of July 2014 and October 2015. Relative Home placement has averaged 51.7% for measure 4E (1) and 44.7% for measure 4E (2) during the same time period.

**4E(1) Riverside: Rate of ICWA Placement
ICWA Eligible**



Placement	Average %	
	Riverside	California
Relative	51.7	41.6
NR, Indian SCPs	0	4
NR, Non Indian SCPs	20.5	30.4
NR, SCP Eth Missing	24.5	12.2
Group Home	1.2	6.8

**4E(2) Riverside: Rate of ICWA Placement
American Indian Ethnicity**

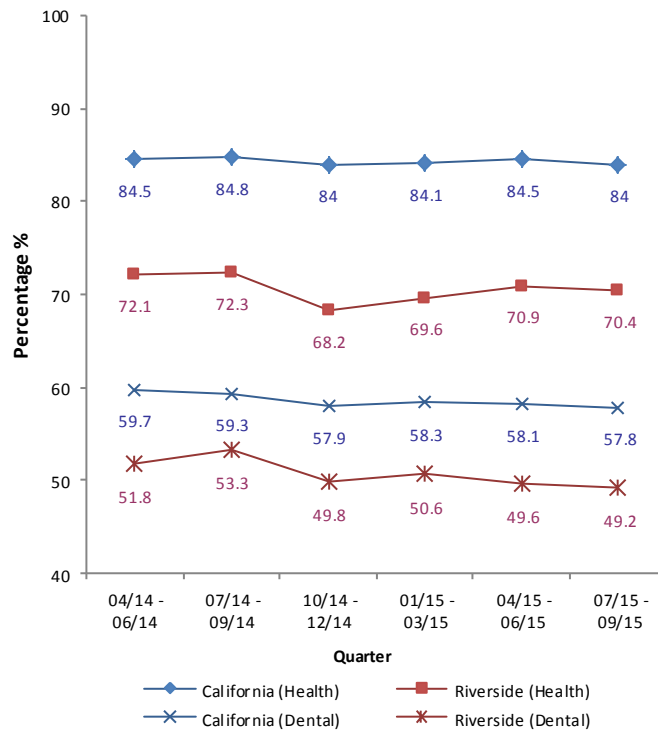


Placement	Average %	
	Riverside	California
Relative	44.7	37.7
NR, Indian SCPs	0	2.6
NR, Non Indian SCPs	23.6	34.8
NR, SCP Eth Missing	19.8	11.7
Group Home	5.1	6

Measures 5B (1) & 5B (2): Rate of Timely Health/Dental Exams:

Riverside County's rates of timely health exams and dental exams have improved recently (Figure 5B), but the performances of these measures are still below the State levels (70.6% and 50.7% compared to 84.3% and 58.5% for California, respectively).

5B: Rate of Timely Health and Dental Exams

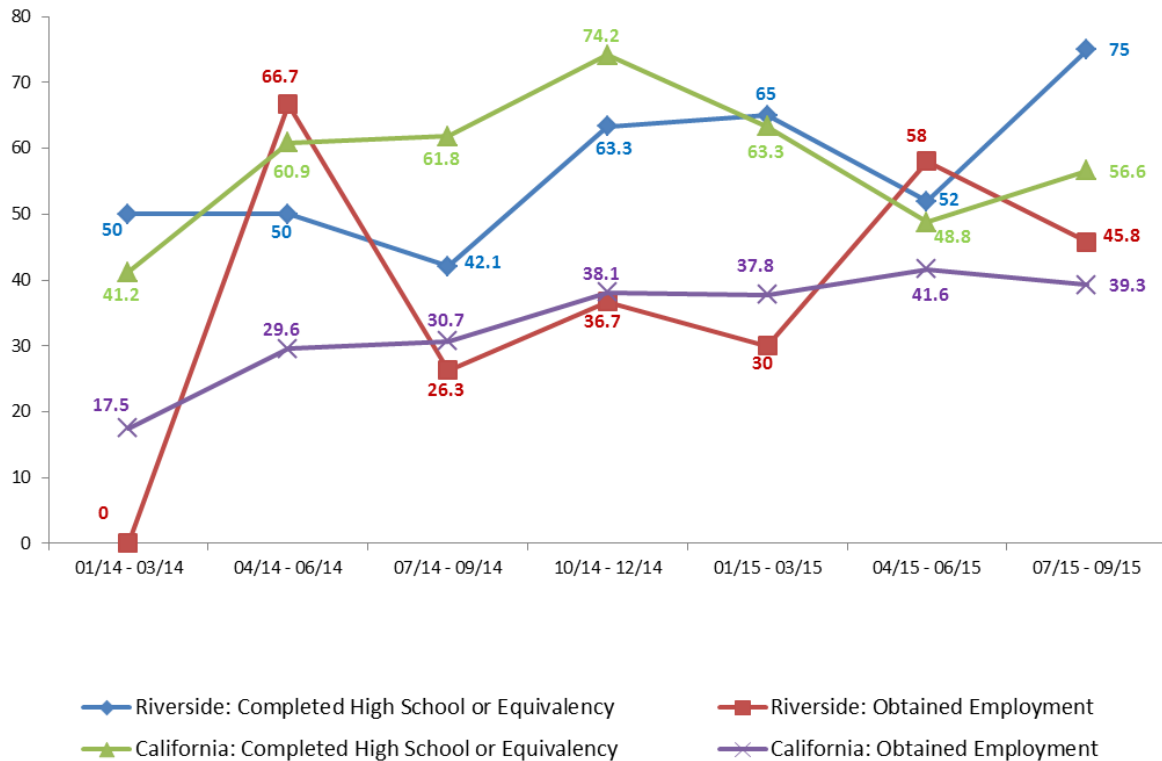


Measures 8A: Completed High School Equivalency/Obtained Employment/Have Housing Arrangements/Received ILP Services/Permanency Connection with an Adult:

Riverside County has experienced variability in most of the associated outcomes for measure 8A, which is to be expected given the impact of the school calendar year on some of the outcomes. The percentage of youth completing high school or equivalency that age out of foster care or are legally emancipated averages 57.9% for the period January 2014 to June 2015, which is below California's average of 60.9%, but improved compared to the same reporting period last year.

Riverside County data for foster youth who obtained employment continued to fluctuate after steadily rising from 30% for the Q1 2015 to 58% for Q2 2015 and currently dropped to 45.8% for Q3 2015. Nevertheless, Riverside County continues to work closely with service providers to offer employment-related training and job search assistance to youth in care.

8A: Performance on Completed High School or Equivalency and Obtained Employment



Probation Measures:

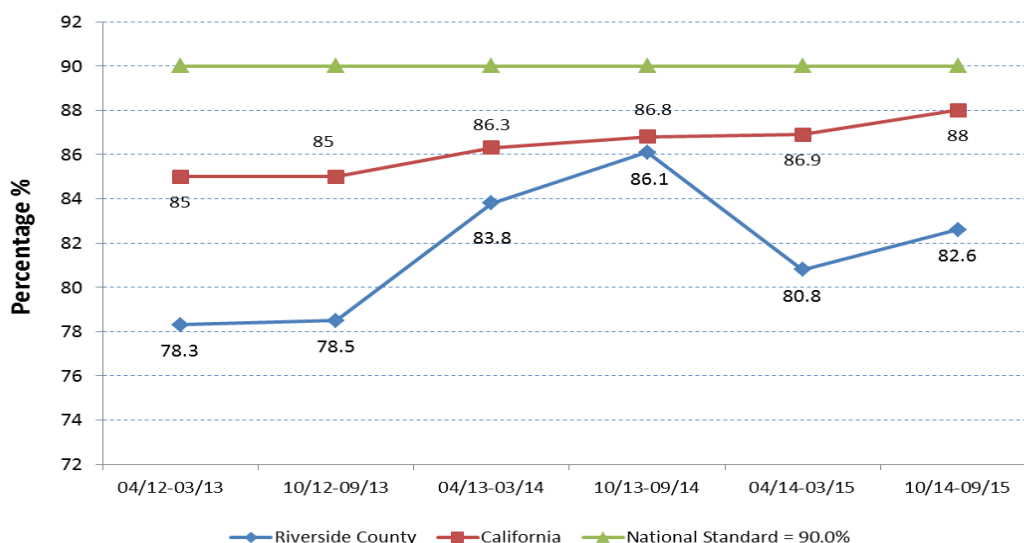
Based on Q3 2015 data from the California Child Welfare Outcomes and Accountability System quarterly report prepared by the University of California, Berkeley, there is one additional measure where Riverside County Probation has been performing below national standards. This outcome measure is:

- 2F: Timely monthly caseworker visits (out of home)

2F: Timely monthly caseworker visits (out of home):

National Standard: 90.0%

Q3 2015: 82.6%

2F: Monthly Caseworker Visit (Out of Home)

This measure calculates the percentage of minors in placement who are visited by their assigned Probation Officer. Each minor in placement for an entire month must be visited at least once per month; and while this report considers each month separately, it summarizes the data for a 12 month period. As seen in the chart below, Riverside County's performance has been consistently below the National Standard of 90%. The baseline date (04/01/12-03/31/13) showed that 78.3% of the contacts were made while the current data (10/01/14-09/30/15) reflects 82.6% of the contacts were made. While this is an improvement from the baseline data, it is still below the national standard. As such, Probation is evaluating its practices to improve this measure, such as staff training, assessing caseload sizes, and exploring additional tools such as the use of SafeMeasures® for improved data tracking and quality.

State and Federally Mandated Child Welfare/Probation Initiatives

Pathways to Wellness / Core Practice Model

On October 1, 2015, CSD and BH staff presented an update on Pathways to Wellness (formerly Katie A.) at the Community Partner's Forum. The focus of this meeting was to keep our stakeholders

informed of the progress of Pathways to Wellness in Riverside County. More than 275 stakeholders attended this meeting. Year 3 progress includes:

- The Mental Health Screening Tool (MHST) is being used by CSD social workers to assess for mental health needs for every child/youth receiving child welfare services in Riverside County.
- All five phases of Pathways to Wellness Training have been completed.
- TDM facilitators participated in the Pathways to Wellness training, coaching, and informing subcommittees, and are conducting the Child and Family Team Meetings (consistent with the Katie A. Core Practice Model).
- Riverside County has designated an administrative position to coordinate the implementation, operation, and organization of Pathways to Wellness. This position will also assist with data collection and provide data consistency throughout the County.
- Six CFT facilitators were hired at the end of 2015.

Program Improvement Plan

Riverside County continues to contribute to the success of the Children and Family Services Review (CFSR) and Program Improvement Plans (PIP), and focus on strategies that will lead to continued achievement for Riverside County and the State of California.

Safety Measures

The CFSR PIP Safety Measures include: Time to Investigation (reports of child maltreatment), Maltreatment in Foster Care, and Recurrence of Maltreatment. Riverside County's performance has contributed to the State's progress on the following measures:

- Measure 2B - Referrals by Time to Investigation (IR and 10-day): Riverside County consistently performs better than the State average (100% for Riverside County versus 96% for the State on Immediate Response; 97% for Riverside County versus 91% for 10-day Response).
- Measure S1 – Maltreatment in Foster Care: The rate of maltreatment per day of foster care during a 12 month period in Riverside County is consistently lower than the State average rate, with current performance 8.1 for Riverside County versus a rate of 8.5 for the State average and the National Standard.

Permanency Measures

Permanency is now described as: Of all children who enter foster care in a 12-month period, what percent discharged to permanency? Permanency is now inclusive of the exit status of “reunified”, “adopted” or “guardianship”. Notable outcomes for Riverside County include:

- Measure P1 - Permanency in 12 months (entering foster care): Riverside County’s most recent performance for Permanency in 12 months (entering foster care) is 40.1 %; the State Average is 40.5%.
- Measure P2 - Permanency in 12 months (in care 12 – 23 months): Riverside County’s most recent performance for Permanency in 12 months (in care 12 - 23 months) is 56%; the State average is 44 % and the National Standard is 46%.
- Measure P3 - Permanency in 12 months (in care 24 months or more): Riverside County’s most recent performance for Permanency in 12 months (in care 24 months or more) is 38%; the State average is 30.3 % and the National Standard is 28.5%.

Riverside County is making significant contributions to the success of its children and families by improving efforts to ensure *Safety, Permanency and Well-being*.

5 – YEAR SIP CHART

Priority Outcome Measure or Systemic Factor -- Children's Services Division Outcome

3-P1: Permanency in 12 months for Children Entering Foster Care (All Entries Cohort, 8 Days or More In Care)

National Standard: 40.5%

Baseline Performance: 42.7% (01/01/2012 - 12/31/2012)

Updated Performance: 40.1% (10/01/2013 - 09/30/2014)

<u>Age (years)</u>	<u>Baseline (%)</u>	<u>Update (%)</u>
<1	34.8	34.5
1-2	45.2	44.6
3-5	47.6	43.1
6-10	48.2	44.8
11-15	43.7	36
16-17	25.7	19.4
<u>Ethnicity</u>	<u>Baseline (%)</u>	<u>Update (%)</u>
African American	37.5	37.1
Caucasian	41.6	39.6
Latino	44.5	41
Asian/Pacific Islander	44.8	42.5
Native American	41.7	33.3

Target Improvement Goal: 40.5% by 2018

Priority Outcome Measure or Systemic Factor -- Children's Services Division Outcome

3-P4: Re-entry to Foster Care in 12 months (All Entries Cohort, 8 Days or More In Care)

National Standard: 8.3%

Baseline Performance: 12.1% (01/01/2011 - 12/31/2011)

Updated Performance: 10.8% (10/01/2012 - 09/30/2013)

<u>Age (years)</u>	<u>Baseline (%)</u>	<u>Update (%)</u>
<1	18.9	17
1-2	15.6	12.7
3-5	10.9	11
6-10	8.9	6.3
11-15	11.6	11.8
16-17	0.0	6.9
<u>Ethnicity</u>	<u>Baseline (%)</u>	<u>Update (%)</u>
African American	23.6	14
Caucasian	12.4	9.9
Latino	9.8	10.1
Asian/Pacific Islander	0.0	9.1
Native American	9.5	30

Target Improvement Goal: 9.5 % by 2018, with a focus on 0 - 2-year old and African American children.

Priority Outcome Measure or Systemic Factor -- Children's Services Division Outcome

3-P5: Placement Stability (All Entries Cohort, 8 Days or More In Care)

National Standard: 4.12**Baseline Performance:** 3.83 (01/01/2012 - 12/31/2012)**Updated Performance:** 3.76 (10/01/2014 - 09/30/2015)

<u>Age (years)</u>	Baseline (rate per 1,000 days)	Update (rate per 1,000 days)
<1	2.9	2.64
1-2	4.0	3.93
3-5	3.78	4.15
6-10	3.73	4.12
11-15	4.89	4.29
16-17	4.17	3.41
<u>Ethnicity</u>	Baseline (rate per 1,000 days)	Update (rate per 1,000 days)
African American	4.62	4.48
Caucasian	3.7	4.17
Latino	3.67	3.41
Asian/Pacific Islander	4.42	1.26
Native American	4.34	2.7

Target Improvement Goal: 4.12 days in care for African American by 2018**Priority Outcome Measure or Systemic Factor -- Probation Outcome**

P1: Permanency in 12 months for children entering foster care (entry cohort, 8 days or more in care)

National Standard: 40.5%**Baseline Performance:** 22.8% (10/01/2010 - 09/30/2011)**Updated Performance:** 20.7% (07/01/2013 – 06/30/2014)

<u>Age (years)</u>	Baseline (%)	Update (%)
<1	N/A	N/A
1-2	N/A	N/A
3-5	N/A	N/A
6-10	N/A	N/A
11-15	23.8	8.6
16-17	33.0	27.4
<u>Ethnicity</u>	Baseline (%)	Update (%)
African American	15.4	21.9
Caucasian	32.3	26.9
Latino	21.5	18.3
Asian/Pacific Islander	N/A	50.0
Native American	N/A	N/A

Target Improvement Goal: 40.5% by 2018

Priority Outcome Measure or Systemic Factor -- Probation Outcome

P4: Re-entry to Foster Care (entry cohort, first entry, 8 days or more, re-entered in less than 12 months)

National Standard: 8.3%

Baseline Performance: 14.3% (04/01/2010 - 03/31/2011)

Updated Performance: 17.9% (07/01/2012 - 06/30/2013)

<u>Age (years)</u>	<u>Baseline (%)</u>	<u>Update (%)</u>
<1	N/A	N/A
1-2	N/A	N/A
3-5	N/A	N/A
6-10	N/A	N/A
11-15	25.0	50.0
16-17	7.7	3.7
<u>Ethnicity</u>	<u>Baseline (%)</u>	<u>Update (%)</u>
African American	N/A	18.2
Caucasian	N/A	10.0
Latino	33.3	22.2
Asian/Pacific Islander	N/A	N/A
Native American	N/A	N/A

Target Improvement Goal: 8.3% by 2018

Strategy 1: Strengthen probation officer practices	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1: Permanency in 12 Months for Children Entering Foster Care (entry cohort) P4: Re-entry to Foster Care (entry cohort)	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Probation Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Continue implementation of Motivational Interviewing and Forward Thinking programs UPDATE: Motivational Interviewing training is completed. To ensure consistency and standardized oversight in the implementation of evidence-based practices using the Forward Thinking program, the program was centralized with Probation's Field Projects Division. 2014 UPDATE: Due to staff reassignments, all current placement officers will be trained in Motivational Interviewing by the end of the 2014 – 2015 fiscal year barring any unforeseen departmental needs. 2015 UPDATE: Existing placement staff have been trained in Motivational Interviewing; however, this is on-going due to new hires and staff reassignments. Forward Thinking classes are facilitated by probation staff.	December 2013 – December 2014 December 2016	Ongoing	Probation Department, Juvenile Services Division, Field Projects Division
B. Evaluate training delivery and transfer of learning strategies for 1A , using audits and use of case plans/treatment needs, and implement changes based on evaluation completed in 1B 2015 UPDATE: The Probation Department	December 2014 – December 2015	Completed	Probation Department, Juvenile Services Division, Administration-Staff Development

implemented a Title IV-E, Assessment and case plan training to correctly develop the Imminent Risk/case plan and to identify appropriate objectives that were specific to the minor's needs and strengths.			
<p>C. Using tools developed from 1B, monitor PO monthly contacts with minors and their families to develop and implement practice improvements, ensure quality of treatment, and facilitate successful engagement of minor/parent with probation services</p> <p>2015 UPDATE: Resulting from the Title IV-E training and to successfully monitor the quality of PO monthly contacts a Title IV-E audit form was created and is expected to be completed monthly by the unit supervisor. Additional standard caseload audits are completed to monitor the rehabilitation process and ensure quality of treatment.</p>	December 2015 – December 2017	Ongoing	Probation Department, Juvenile Services Division
<p>D. Evaluate PO contact “learning curve” practice improvements, treatment quality and engagement strategies for 1C, implement changes based on evaluation completed in 1D</p>	December 2017	April 2018	Probation Department, Juvenile Services Division

Strategy 2: Strengthen probation officer practices by improving placement-based mentoring, and use of goals/outcome-based placement visitation	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1: Permanency in 12 Months for Children Entering Foster Care (entry cohort) P4: Re-entry to Foster Care (entry cohort)	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Probation Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<p>A. Assess probation's Mentoring Program to implement improved placement-based coaching, and evaluate feasibility of incorporating goals/outcome-based Chief Probation Officers of California (CPOC) placement visitation form</p> <p>UPDATE: Ongoing. Placement's mentoring program now includes consistent Placement CORE training by UC Davis, mandated for all placement probation officers. Further, placement supervisors also attend Placement SPO CORE training through the UC Davis program.</p> <p>2014 UPDATE: All placement officers assigned to the placement unit for over one year have completed Probation Officer Placement Core facilitated by UC Davis. The Placement Supervisors have completed Placement Supervision Core. Any recently transferred placement deputies will attend Probation Officer Core within one year of transfer into the unit barring any unforeseen needs of the department. Additionally, all placement officers utilized the "Placement Visitation Form" during client contacts to ensure all mutually agreed upon goals and objectives were continually at the forefront of the treatment process and being updated as needed.</p>	December 2013 – December 2014	Ongoing December 2015	<p>A. Probation Department, Juvenile Services Division, Placement Unit Supervisors</p>

2015 UPDATE: Probation's Staff Mentoring program was assessed and implemented for all placement officers and is to be completed within the first year of transfer into the placement unit. The "Placement Visitation Form" has been implemented since December 2013.			
<p>B. Using tools developed from 2A, enhance probation officer practices to insure diligent use of case plan, treatment goals, open dialogue with minor/staff re: minor's program improvement and family visitation, and monitoring of treatment facility programs</p> <p>2015 UPDATE: The "Placement Visitation Form" ensures case plan goals and objectives are addressed during monthly contacts with minors and parents/guardians.</p>	December 2014	December 2015	B. Probation Department, Juvenile Services Division
<p>C. Implement items 2A and 2B as resources permit</p> <p>2015 UPDATE: Probation's Staff Mentoring program has been implemented for all placement officers and is to be completed within the first year of transfer into the placement unit. This is on-going due to new hires and transfers. The "Placement Visitation Form" has been implemented since December 2013.</p>	December 2015	December 2017	C. Probation Department, Juvenile Services Division
D. Evaluate effectiveness of 2C if implemented	December 2017	April 2018	D. Probation Department, Juvenile Services Division

Strategy 3: Promoting Evidence-Based Practices <u>Probation:</u> Improve placement support and services by requiring placement providers to utilize Evidence-Based Programs (EBP)	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1: Permanency in 12 Months for Children Entering Foster Care (entry cohort) P4: Re-entry to Foster Care (entry cohort) P5: Placement Stability (entry cohort)	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Children's Services Division Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Require all new and existing service providers to utilize evidence-based or evidence-informed interventions with families, and to implement internal evaluation processes for measuring outcomes UPDATE: CSD continues to work closely with service providers and the DPSS Contract Analysis Unit to modify existing and future contracts and to provide technical assistance to providers. 2014 UPDATE: CEBC and CSD completed the Assessment and Planning Initiative - A Road Map for Implementation of Evidence-Based Practices in March 2014. The Efforts to build the infrastructure are ongoing and will continue through 2016. 2015 UPDATE: CSD continues to build the infrastructure for evaluation; a program evaluation unit has been created to provide for all of CSD's evaluation needs.	2013	2015 Ongoing	Children's Services Division

<p>B. Utilize technical assistance from CEBC to develop an inventory of existing evidence-based models that are effective in improving outcomes</p> <p>UPDATE: CEBC convened focus groups consisting of TDM facilitators and service providers in July 2013. CSD has maintained contact with CEBC about follow-up data collection with the TDM facilitators. A report is expected from CEBC prior to the completion of Year 1.</p> <p>2014 UPDATE: CEBC and CSD completed the Assessment of six parenting programs and TDM in March 2014. The efforts to inventory the remaining evidence-based services will continue through 2016.</p> <p>2015 UPDATE: CSD shifted priorities from developing an inventory to the creation of the program evaluation unit. Now the evaluation unit is in place, CSD will direct new resources to inventory the remaining evidence-based services.</p>	2013	2014 Ongoing	Children's Services Division Center for Evidence-Based Clearinghouse (CEBC)
<p>C. Utilize technical assistance from CEBC to develop a roadmap for expanding evidence-based practice in Riverside County</p> <p>UPDATE: Following receipt of the CEBC report, CSD managers and executives will collaborate with CEBC to develop a roadmap for expanding evidence-based practices across the County.</p> <p>2014 UPDATE: CEBC Report completed and received. The Roadmap for Implementation has also been completed and received by the Department. The efforts for expanding evidence-based practice will continue through 2016.</p> <p>2015 UPDATE: Completed: The Roadmap for Implementation is complete and CSD will continue to promote the use of evidence-based practices.</p>	2013	2014 Ongoing 2015	Children's Services Division Center for Evidence-Based Clearinghouse (CEBC)

Probation Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<p>A. Explore use of community based organizations (CBOs) and service providers (SPs) who adhere to an evidenced/ performance-based care model</p> <p>UPDATE: Ongoing. Probation implemented the Placement Review and Revision Committee to examine and explore CBO's and SP's who utilize an evidence/performance-based model.</p> <p>2014 UPDATE: The Placement Review and Revision Committee met biweekly to schedule evaluations of SPs previously unused by the department, revise the Placement Handbook provided to all SPs to ensure the department's expectations of the services the SPs provided were clearly documented, and plan quarterly placement facility directors' meetings wherein the department's expectations were reinforced and/or updated as needed.</p> <p>2015 UPDATE: The Placement Review and Revision Committee meetings, use of the Placement Handbook, and quarterly placement facility directors' meetings are on-going.</p>	<p>December 2013 – December 2014 December 2016</p>	<p>Ongoing</p>	<p>Probation Department, Juvenile Services Division, Anthony Clubb, Scott Wilcox, Tari Dolstra, Isha Jacks, Natalie Rivera</p>
<p>B. Evaluate existing CBOs and SPs for EBP standards of care and treatment, graduation rates, and accountability-based performance reviews</p> <p>2015 UPDATE: The Placement Review and Revision Committee meetings are on-going. The Placement Monitor Officer monitors placement provider graduation rates and standards of care.</p>	<p>December 2014 – December 2015</p>		<p>Probation Department, Juvenile Services Division</p>

<p>C. Develop a CBO/SP list in relation to current dept. need, which incorporates EBP requirements into contracts, and release a solicitation for contracts/providers with a contract start date on or before January 1, 2016</p> <p>2015 UPDATE: The designated Resource Specialist maintains a list of CBO/SP available for the Juvenile Services Division. At present time, there are no current contracts with our placement providers; however, expectations of care are provided to each placement provider in the Placement Handbook. Due to Continuum of Care Reform (CCR), contracts with the placement providers are held in abeyance.</p>	<p>December 2014 – December 2015</p>	<p>2016</p>	<p>Probation Department, Juvenile Services Division</p>
<p>D. Implement items 3B and 3C as resources permit</p> <p>2015 UPDATE: The Placement Monitor continues to assess our CBO/SP for standards of care and treatment. Additionally, the designated Resource Specialist maintains a list of CBO/SP available for the Juvenile Services Division.</p>	<p>January 2016 – January 2018</p>	<p>2018</p>	<p>Probation Department, Juvenile Services Division</p>
<p>E. Evaluate effectiveness of 3D if implemented</p>	<p>January 2018 – April 2018</p>	<p>2018</p>	<p>Probation Department, Juvenile Services Division</p>

Strategy 4: Improve placement support and services by improving initial and ongoing assessments of minors to reduce placement failures/runaways and promote and maintain first/best placement fit	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1: Permanency in 12 Months for Children Entering Foster Care (entry cohort) P4: Re-entry to Foster Care (entry cohort)	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Probation Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<p>A. Evaluate existing CBOs and SPs for individual/minor-specific initial and ongoing treatment service plans</p> <p>Evaluate the potential improvements in efficiency and accountability re: monthly progress reports in conjunction with quarterly evaluations by placement providers</p> <p>UPDATE: Ongoing. Probation implemented the Placement Review and Revision Committee to examine and explore CBO's and SP's who utilize evidence/performance-based treatment models. 2014 UPDATE: Placement officers ensured all SPs provided Initial Treatment Service Plans 30 days after a client was placed and evaluated said plans to ensure they addressed the specific needs of the client as identified in the Probation Placement Case Plan and Assessment. Additionally, they ensured CBO or SP services noted in the Initial Plan were provided and documented and/or revised in the Quarterly Reports. The expected content of these reports were documented in the Placement Handbook provided to all SPs.</p> <p>2015 UPDATE: The Placement Monitor Officer and placement officers ensure placement providers are meeting the expectations documented in the Placement Handbook. Findings are discussed in the Placement Review Revision Committee meetings</p>	December 2013 – December 2014 December 2015	December 2015	Probation Department, Juvenile Services Division, Anthony Clubb, Scott Wilcox, Tari Dolstra, Isha Jacks, Natalie Rivera

and concerns are addressed with the placement providers at the quarterly directors' meeting or one on one depending on urgency.			
<p>B. Evaluate existing Interagency Screening Committee (ISC) policy and process</p> <p>Require presentations by each private placement provider to ISC, to reduce placement failures/runaways by identifying first/best placement fit of minors to program</p> <p>2015 UPDATE: Private placement providers are invited to the ISC for presentations to share their program's services. This has benefited the ISC members in recommending appropriate placement facilities to address the minor's individual needs and strengths.</p>	December 2014 – December 2015	December 2015	Probation Department, Juvenile Services Division
<p>C. Identify gaps in 4A and 4B to promote early and accurate identification of issues, ensure placements follow their treatment service plans, increase accountability and standard of care, and strategize for timely reunification</p> <p>2015 UPDATE: Placement officers review treatment service plans to ensure the plan is specific to the minor's needs and to ensure the delivery of service. Any discrepancies are shared with the Placement Monitor Officer and Chain of Command. Findings are discussed in the Placement Review Revision Committee meetings and concerns are addressed with the placement providers at the quarterly directors' meeting or one on one depending on urgency</p>	December 2014 – December 2015		Probation Department, Juvenile Services Division

D. Develop recommendations from 4C for comprehensive initial and ongoing assessment program to improve placement support and services	January 2016 – December 2016	Ongoing	Probation Department, Juvenile Services Division
E. Evaluate effectiveness of 4E if implemented	January 2018 – April 2018	Ongoing	Probation Department, Juvenile Services Division

Strategy 5: Wraparound <u>Probation:</u> Increase a minor's retention in familiar environments and culture by expanding family-centered community-based Wraparound Program UPDATE: Wraparound Outcomes Committee Collaboration: Partnership implemented between Probation, Children's Service Division, and Mental Health to comprehensively link individual wraparound provider data into a centralized database.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1: Permanency in 12 Months for Children Entering Foster Care (entry cohort) P4: Re-entry to Foster Care (entry cohort) P5: Placement Stability (entry cohort)					
	<input type="checkbox"/> CBCAP						
	<input type="checkbox"/> PSSF						
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project					
Children's Services Division Action Steps:	Implementation Date:	Completion Date:	Person Responsible:				
A. Evaluate current Wraparound baseline data and utilize as a tool to promote awareness, dialogue, and accountability UPDATE: CSD completed a baseline evaluation of data from CSD providers at the beginning of Year 1. Currently plans are underway to join CSD, Probation, Olive Crest, Oak Grove and DMH data in a single database administered by DMH. The first meeting of the Wraparound Outcomes Committee occurred in August 2013. 2014 UPDATE: Riverside County Wraparound Collaborative Summary Report Completed and Distributed June 2014. 2015 UPDATE: Currently, the DMH database application is being utilized by both Olive Crest and Oak Grove to input Wraparound data. Data is pulled by DMH and shared with CSD and Probation for the Annual Wraparound report. DMH, Probation and CSD continue to meet as a group. The Riverside County Wraparound Collaborative Summary draft Report was completed June 2015.	2013 - 2015	Ongoing	Children's Services Division				

<p>B. Evaluate program effectiveness and the link between Wraparound as intervention and long-term child and family outcomes</p> <p>UPDATE: Service providers began entering data into the DMH administered database effective November 1, 2013. Data quality assurance checks will be completed in Q4 2013 and Q1-Q2 2014. Data will be extracted from the database and linked with CSD and Probation data from CWS/CMS at the beginning of the 2014 fiscal year. The first joint annual report on Wraparound outcomes that links provider data for CSD and Probation with CWS/CMS data is expected in Q3 2014.</p> <p>2014 UPDATE: Riverside County Wraparound Collaborative Summary Report – June 2014 reports a significant increase in Home placements and a decrease in Group Home placements, increase in placement stability, and lower re-entry rate for families that completed Wraparound services.</p> <p>2015 UPDATE: The June 2015 Riverside County Wraparound Collaborative Summary Report continues to see similar results, which shows a significant increase in Home placements, increase in less restrictive placements for children in Group Home placement before Wraparound, and increase in placement stability, and lower re-entry rate for families that completed Wraparound services.</p>	2013 – 2014	Ongoing	Children’s Services Division
<p>C. Ongoing review and analysis of Wraparound outcomes</p>	2013	2018	Children’s Services Division
<p>D. Expansion of client recruitment and service delivery for the Wraparound program</p> <p>2014 UPDATE: Tracking of Wraparound referrals is sent out quarterly to managers, with reminders of cases that are appropriate to refer. Currently, 203</p>	2013	2018	Children’s Services Division

<p>of 230 Wraparound slots are filled.</p> <p>2015 UPDATE: Ongoing tracking of Wraparound referrals are maintained by CSD Enhanced Centralized Services (ECS) staff. ECS staff identifies and pre-screens cases that may be appropriate for Wraparound, if the case is determined appropriate, an additional screening is conducted with the assigned Social Worker. As of June 30, 2015, all 230 Wraparound slots were filled.</p>			
<p>Probation</p> <p>Action Steps:</p>	Implementation Date:	Completion Date:	Person Responsible:
<p>A. Evaluate current Wraparound Program utilization/processes re: actual practice vs. policy and develop expansion recommendations</p> <p>UPDATE: Completed. The Enhanced Wraparound Referral Process was approved by the Presiding Judge, Chief Deputy Probation Officers, Managers, as well as the Supervising DA, DPD, JDP and the Juvenile Bench Officers.</p> <p>2014 UPDATE: The Wraparound Procedures were evaluated and determined to be lacking in that a family could be required to wait for an excessive amount of time for Wraparound services when the Probation Wraparound Unit was at maximum client capacity. As such, the Bridge Program was developed. This program allowed a family to receive early Wraparound services by empowering a regular field supervision deputy to work with the RCDMH Wraparound team during these instances until a traditional probation Wraparound supervision opening became available.</p> <p>Partner with Mental Health on existing/future Wraparound grant provisions and provide expansion recommendations to respective Executive</p>	<p>December 2013 – December 2015</p>	<p>Completed</p>	<p>Probation Department, Juvenile Services Division, Anthony Clubb, Scott Wilcox Richard Franco.</p>

<p>Management Teams</p> <p>UPDATE: Completed and ongoing. Probation facilitated the practice of referring minors and their families to the wraparound program earlier, to provide them with services before they were unwilling and/or too frustrated to embrace treatment. This is expected to decrease the need for out of home placement, increase the opportunities for success and graduation, provide minors more opportunities with the Court before resorting to placement, and decrease the overall amount of time a minor and family would participate in the program.</p> <p>2014 UPDATE: The Probation Department in collaboration with The Riverside Department of Mental Health (RCDMH) provided expansion recommendations to the respective executive teams, the public defenders' office, the district attorney's office, and the sitting judges and commissioners. The recommendations were approved.</p> <p>Expansion recommendations to include components of early intervention, placement step-down to community, minor's cultural/language needs and family/extended family location</p> <p>UPDATE: Completed and ongoing. Probation will utilize monthly wraparound data, entered into the centralized database, to continually evaluate its Wraparound strategies and action steps to increase a minor's retention in the community and reduce out of home placement.</p> <p>2014 UPDATE: The Probation Department in collaboration with (RCDMH) created a proposed procedure for minors who entered placement prior to their 16th Birthday to receive step-down Wraparound Services upon their release as data indicated 50% (6 out of 12) Probation minors in the</p>			
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<p>aforementioned age range re-entered placement within 12 months of family reunification during the past year.</p> <p>2015 UPDATE: The Probation Department implemented the Wraparound Step Down program created to assist minors that entered private placement less than 16 years of age with the reunification process. Wraparound services begin 60 days prior to a minor's anticipated release date and continues after they transition home. The goal is to aid with the transition home and reduce re-entry after reunification.</p>			
<p>B. Integrate approved recommendations developed from 5A into Wraparound Program</p> <p>2014 Update: The Probation Department in collaboration with the Riverside Department of Mental Health (RCDMH) expanded the Wraparound services offered by implementing Adolescent Offender Group/ Wraparound services for families coping with the repercussions of minors who committed sexual offenses, MDFT/ Wraparound services for families coping with minors dealing with substance abuse addiction, and The Bridge Program, which allowed a family to receive early Wraparound services even when the Probation Department's Wraparound unit was at capacity by empowering a regular field supervision deputy to work with the RCDMH Wraparound team until a traditional probation wraparound opening became available.</p> <p>2015 UPDATE: The Wraparound Step Down Program was implemented to assist minors that entered private placement less than 16 years of age with the reunification process. Wraparound services begin 60 days prior to a minor's anticipated release date and continues after they transition home. The</p>	December 2014	December 2015	Probation Department, Juvenile Services Division

goal is to aid with the transition home and reduce re-entry after reunification.			
C. Evaluate and monitor the expanded practices of Wraparound Program 2015 Update: The Probation Department is awaiting the release of the 2015 Riverside County Wraparound Collaborative Summary report to evaluate the effectiveness of Wraparound services.	December 2015	January 2018	Probation Department, Juvenile Services Division
D. Evaluate effectiveness of strategy as it relates to reducing median time to reunification, increasing rates of reunification, and reducing re-entry	January 2018	April 2018	Probation Department, Juvenile Services Division

Strategy 6: Improve communication of and connection to available family specific services by developing the “resource specialist” concept	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1: Permanency in 12 Months for Children Entering Foster Care (entry cohort) P4: Re-entry to Foster Care (entry cohort)	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Probation Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Gather information: nationwide, regional and local best practices, county government agency and departmental practices (in process) 2014 Update: Juvenile Service Division staff were tasked with networking with collaborative county agencies, probation departments throughout California, SPs in and out of California, and CBOs to gather information related to resources and best/effective practices dealing with family connections and communication. They then shared the information gathered formally and informally through the chain of command, division meetings, and shared resource files.	June 2014	June 2015	Probation Department, Juvenile Services Division
B. Evaluate current available resources, resource providers, and community based organizations, and complete a dept. needs assessment 2015 Update: Juvenile Services Division developed the Resource Guide to include various services available by SPs and CBOs. This guide is monitored by the Intake unit “resource specialist.” A review of the department’s needs assessment will be evaluated in 2016.	June 2015	Ongoing December 2016	Probation Department, Juvenile Services Division
C. Generate the “resource specialist” duties profile, to be incorporated into existing clerical, probation assistant, and/or probation officer job expectations	January 2016	June 2016	Probation Department, Juvenile Services Division

D. Make recommendations to Executive team	June 2016	January 2017	Probation Department, Juvenile Services Division
E. Implement approved recommendations contingent upon available funding	January 2017	January 2018	Probation Department, Juvenile Services Division
F. Evaluate effectiveness of strategy as it relates to reducing median time to reunification, increasing rates of reunification, and reducing re-entry	January 2018	April 2018	Probation Department, Juvenile Services Division

Strategy 7: Case Plan Field Tool	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1: Permanency in 12 Months for Children Entering Foster Care (entry cohort) P4: Re-entry to Foster Care (entry cohort) P5: Placement Stability (entry cohort)	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Children's Services Division Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Provide training and coaching for social workers on family engagement and the development of behavioral-focused, client-informed case plans UPDATE: Training was provided between July 2012 and June 2013. Due to internal and external workloads, additional training was postponed to January 2014. 2014 UPDATE: Training Completed January 2014.	July 2012	June 2014 June 2016	Children's Services Division Casey Family Programs Public Child Welfare Training Academy National Council of Crime and Delinquency/Children's Research Center (NCCD/CRC)
B. Establish workgroups to evaluate the current coaching/training process and develop recommendations for expansion of instruction for case plan development, specific to adolescent/transitioning youth UPDATE: A core team of CPFT "champions" has been formed by CSD and monthly meetings commenced October 2013. The workgroup keeps in close communication with NCCD/CRC and PCWTA to develop recommendations for expansion of instruction. 2015 UPDATE: Refresher trainings are taking place and will continue through 2016.	July 2013	June 2014 Ongoing	Children's Services Division Public Child Welfare Training Academy NCCD/Children's Research Center
C. Provide training to social workers who work with the identified group on family networking and utilization of the case plan field tool UPDATE: Pilot training on the Child/Youth tool occurred in the time period specified. Feedback from the training resulted in tool revisions and a	April 2013	June 2013	Public Child Welfare Training Academy NCCD/Children's Research Center

<p>final version of the tool being released in September 2013. Phase 2 training with identified coaches occurred in January 2014.</p> <p>2014 UPDATE: Training Completed.</p>			
<p>D. Complete data analysis and evaluate the effectiveness of the initial implementation of the Case Plan Field Tool</p> <p>Develop recommendations and plan for ongoing assessment</p> <p>UPDATE: The initial evaluation of the CPFT was completed in August 2013 with promising results. A core team of CPFT “champions” has been formed by CSD and monthly meetings commenced October 2013.</p> <p>2014 UPDATE: Data collection efforts continue. The Desert Region is taking the lead in full implementation of the Case Plan Field Tool.</p> <p>2015 UPDATE: Full implementation of the Case Plan Field Tool in the Desert Region as of April 2015. It is anticipated data will be available for evaluation in early to mid 2016.</p>	<p>August 2013</p>	<p>June 2014 Ongoing</p>	<p>Children’s Services Division</p> <p>NCCD/Children’s Research Center</p> <p>Casey Family Programs</p>
<p>E. Recruitment and training of 8-10 child welfare social worker supervisors as Case Plan Field Tool coaches</p> <p>UPDATE: A preliminary list of CPFT coaches was developed in September 2013 and expanded in December 2013. Training for coaches will continue through 2015.</p> <p>2014 UPDATE: The Desert Region Coaches meet weekly and provide “in-service” training and coaching to new and veteran social workers.</p> <p>2015 UPDATE: Desert Region coaches continue to provide coaching support.</p>	<p>July 2013</p>	<p>June 2015 2016</p>	<p>Children’s Services Division</p>

<p>F. Provide advanced training and coaching to ensure sustainability of practice</p> <p>UPDATE: A CPFT website developed by NCCD/CRC was launched in September 2013. The website provides training videos accessible to social workers in the field. Additional live training and ongoing coaching will occur through 2015.</p> <p>2015 UPDATE: CPFT website redesign underway and refresher training to be developed by NCCD/Children's Research Center for CSD staff.</p>	September 2013	June 2015 Ongoing	<p>Children's Services Division</p> <p>Public Child Welfare Training Academy</p> <p>NCCD/Children's Research Center</p>
<p>G. Ongoing implementation, evaluation and revision of the Case Plan Field Tool.</p> <p>UPDATE: A Child/Youth CPFT was developed by NCCD/CRC in September 2013. The tool will be implemented, evaluated, and revised as needed throughout 2014 – 2018.</p> <p>2015 UPDATE: Ongoing CPFT evaluation will be provided by the program evaluation unit.</p>	July 2013	June 2018	Children's Services Division

Strategy 8: Pathways to Wellness (P2W) Initiative	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1: Permanency in 12 Months for Children Entering Foster Care (entry cohort) P4: Re-entry to Foster Care (entry cohort) P5: Placement Stability (entry cohort)	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Children's Services Division Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Staff training on implementation of the Katie A. Core Practice Model UPDATE: Training and implementation will occur in 5 phases as follows: Phase I: September 2013 – October 2013 <ul style="list-style-type: none"> Targeting all existing Wraparound cases Phase II: November 2013 – December 2013 <ul style="list-style-type: none"> Targeting all existing Group Home/ Wrap siblings/new Wraparound youth Phase III: January 2014 – March 2014 <ul style="list-style-type: none"> Targeting four (4) CSD regions Phase IV: April 2014 – May 2014 <ul style="list-style-type: none"> Continue implementation in remaining regions Phase V: July 2014 <ul style="list-style-type: none"> Screen and assess every new case 2014 UPDATE: All Five phases of Pathways to Wellness Training have been completed.	September 2013	Completed July 2014	Children's Services Division California Department of Health Care Services California Department of Social Services Riverside County Department of Mental Health

<p>B. Utilize an implementation science approach to engage Department of Mental Health in the collaborative development of an implementation and evaluation plan</p> <p>UPDATE: Completed</p>	March 2013	Completed December 2013	<p>Children's Services Division</p> <p>Riverside County Department of Mental Health</p>
<p>C. Plan, prepare, and build the necessary supports to promote utilization of the Core Practice Model</p> <p>UPDATE: CSD and DMH have worked as collaborative partners to develop the supports necessary to promote utilization of the Core Practice Model. The Katie A. Steering Committee was developed in Q2 2013 and has been meeting monthly. The following five Katie A. subcommittees were also developed in Q2 2013 and meet on a weekly basis to address training, implementation, and evaluation needs:</p> <ul style="list-style-type: none"> • Mental Health Screening & Assessment • Service Delivery & Case Management • Fiscal Planning • Training, Coaching, and Informing • Data Analysis & Outcomes <p>2014 UPDATE: The Steering Committee, Core Committee and Subcommittees are comprised of both CSD and DMH executive, management, supervisory, line staff, Parent Partners and Youth Partners. Subcommittees, the Core Committee and the Steering Committee meet monthly.</p> <p>2015 UPDATE: The Steering Committee accomplished all of their goals and does not require monthly meetings. The Steering Committee Meeting was incorporated into the Core Committee Meeting which meets monthly. The Core Committee consists of DMH and CSD manager leads, data staff, Parent Partners (DMH and CSD) and Youth Partners. The purpose of the meetings</p>	May 2013	<p>July 2014</p> <p>Ongoing</p>	<p>Children's Services Division</p> <p>Riverside County Department of Mental Health</p>

<p>are to monitor/assess according to the core practice model. Assessing what practices are successful and implementing those promising practices throughout the County. Areas that need improvement are also being addressed.</p> <p>CSD and DMH Data Analysis Units communicate at least monthly or as needed. Service Delivery & Case Management meetings are occurring quarterly, the primary purpose is to discuss CFTs. Other subcommittees meet as needed.</p>			
<p>D. Pilot Core Practice Model (CPM) implementation and assign teams to monitor the intervention and implementation supports and make improvements as necessary</p> <p>2015 UPDATE: The final two (2) CSD regions implemented CFTs, all staff have been trained and continuous quality improvements are being made.</p>	July 2014	December 2014	<p>Children's Services Division</p> <p>Riverside County Department of Mental Health</p>
<p>E. Develop a plan for data collection and analysis, including the development of an ongoing evaluation plan</p> <p>2014 UPDATE: The Data Analysis & Outcomes subcommittee works closely with the Katie A. P2W Steering Committee on a twice monthly basis to report progress.</p> <p>2015 UPDATE: The Core Committee meets on a monthly basis, DMH and CSD's Data Analysis Units participate and share data. Outcomes are being identified and progress is being made on the evaluation plan and outcomes are being identified.</p>	July 2014	<p>December 2014</p> <p>Ongoing</p>	<p>Children's Services Division</p> <p>Riverside County Department of Mental Health</p>

<p>F. Evaluate baseline data and utilize as a tool to promote awareness, dialogue and accountability</p> <p>2014 UPDATE: Completed. Implementation and planning are discussed in the Core Committee Meetings which have been ongoing since 2013.</p> <p>2015 UPDATE: Completed.</p>	July 2014	December 2014	<p>Children's Services Division</p> <p>Riverside County Department of Mental Health</p>
<p>G. Full Implementation Stage – The majority of staff are using the CPM with fidelity</p> <p>2015 UPDATE: Practice will be infused through a series of mini trainings during the first quarter of 2016. Supervisors will train staff by July 2016.</p>	June 2015	July 2016	<p>Children's Services Division</p> <p>Riverside County Department of Mental Health</p>
<p>H. Evaluate program effectiveness and the link between CPM as an intervention and long-term child and family outcomes</p> <p>2015 UPDATED: Continuously identifying areas to assess and strategizing which evaluation tools to utilize. Continuing to evaluate CFTs and service delivery benefits.</p> <p>Evaluation staff were hired and are establishing a system of collecting and analyzing data regarding the effectiveness of the services and outcomes for this strategy.</p>	December 2015	June 2018	<p>Children's Services Division</p> <p>Riverside County Department of Mental Health</p>

Strategy 9: Educational Liaisons Program Expansion	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1: Permanency in 12 Months for Children Entering Foster Care (entry cohort) P4: Re-entry to Foster Care (entry cohort) P5: Placement Stability (entry cohort)	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Children's Services Division Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Exploration of similar practice models and the development of position description UPDATE: The position descriptions were modified and recruitment occurred at the beginning of Year 1. By Q3 2013, the program had expanded to three full-time Educational Liaisons. 2014 UPDATE: Completed.	April 2013	June 2013	Children's Services Division Riverside County Department of Education
B. Plan, prepare, and build the necessary supports to promote utilization of the modified and expanded Educational Liaison intervention UPDATE: Monthly Joint Operation Meetings are held to address these action steps. 2014 UPDATE: CSD conducts quarterly Joint Operation Meetings (JOMs) to address action steps with RCOE/stakeholders. 2015 UPDATE: CSD continues to conduct quarterly Joint Operation Meetings (JOMs) to address action steps with RCOE/stakeholders.	June 2013	Ongoing	Children's Services Division Riverside County Department of Education
C. Develop a plan for data collection, analysis, and ongoing evaluation 2014 UPDATE: CSD and RCOE developed a new evaluation plan involving the expanded program that will include Quantitative and Qualitative measures. Baseline data for Quantitative portion of evaluation plan is being established. For Qualitative part of evaluation, purposive sampling has been completed	April 2013	October 2014 October 2016	Children's Services Division

<p>and the program evaluator will observe and follow the academic progress of children in Education Liaisons caseloads.</p> <p>2015 UPDATE: The program evaluator attempted to accompany the Ed Liaison at the schools to observe and follow the academic progress of children in the Education Liaisons caseloads to collect qualitative data, however, there was a barrier with program evaluators' school access. CSD has reevaluated this method and is considering a different approach.</p> <p>Quantitative reports (Ed Liaisons logs) provide basic demographic information. The logs are scored every three months based on attendance, school stability, and progress. Evaluation staff are being hired to improve quantitative data and establish a system of collecting and analyzing data regarding the effectiveness of the services and outcomes for this strategy.</p>			
<p>D. Evaluate baseline data and utilize as a tool to promote awareness, dialogue, and accountability</p> <p>An initial evaluation of baseline data with one full-time and one part-time Educational Liaison was completed in Q2 2013. An evaluation of data from the expanded program will occur following the first year of the expanded program (September 2013 – June 2014).</p> <p>UPDATE: An initial evaluation of baseline data with one full-time and one part-time Educational Liaison was completed in Q2 2013. Plans for evaluation of data from the expanded program have been extended due to unforeseen circumstances and will occur September 2014 – June 2015.</p>	April 2013	<p>September 2014 2015</p> <p>2016</p>	Children's Services Division

2015 UPDATE: Evaluation staff were hired and are establishing a system of collecting and analyzing data regarding the effectiveness of the services and outcomes for this strategy.			
<p>E. Recruitment of two additional Educational Liaison positions</p> <p>UPDATE: Recruitment occurred at the beginning of Year 1. By Q3 2013, the program had expanded to three full-time Educational Liaisons.</p> <p>2014 UPDATE: Recruitment occurred at the beginning of Year 1. By Q1 2015, the program is expected to grow to four full-time Educational Liaisons and one attendance/registration technician (ART).</p> <p>2015 UPDATE: Completed. In addition to the three (3) Educational Liaisons and ART staff that were previously hired, an Ed Liaison Counselor was hired. The Counselor works with older youth, which includes higher education and Non-Minor Dependents.</p>	January 2013	January 2014 2015	<p>Children's Services Division</p> <p>Riverside County Department of Education</p>
<p>F. Pilot a process for identifying appropriate utilization of Educational Liaisons and assign teams to monitor and improve the intervention and implementation supports</p> <p>UPDATE: The time frame was modified again to fit with the school year.</p> <p>2015 UPDATE: Completed. A CSD liaison has been assigned to oversee and coordinate the Educational liaisons. The liaison will meet with the Educational Liaisons monthly to monitor, review and provide additional caseload support.</p>	September 2013 2014	June 2014 2015	<p>Children's Services Division</p> <p>Riverside County Department of Education</p>

<p>G. Full Implementation Stage – The majority of staff are using the Educational Liaisons model with fidelity.</p> <p>2015 UPDATE: All CSD Social Workers have been notified and are aware that Educational Liaisons are available and have been informed of the referral process.</p>	<p>July 2014 2015</p>	<p>June 2018</p>	<p>Children’s Services Division Riverside County Department of Education</p>
<p>H. Evaluate program effectiveness and the link between Educational Liaisons as an intervention and long-term child and family outcomes</p> <p>2015 UPDATE: Evaluation staff were hired</p>	<p>July 2015</p>	<p>June 2018</p>	<p>Children’s Services Division Riverside County Department of Education</p>

Strategy 10: Faith In Motion	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1: Permanency in 12 Months for Children Entering Foster Care (entry cohort) P4: Re-entry to Foster Care (entry cohort) P5: Placement Stability (entry cohort) <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
Children's Services Division Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Plan, prepare, and build the necessary supports to sustain a collaborative community-directed model	July 2013	June 2014	Children's Services Division Faith-Based Partnership
B. Expansion of faith-based recruitment and service delivery	July 2013	June 2018	Children's Services Division Faith-Based Partnership
C. Develop a plan for data collection, analysis, and ongoing evaluation UPDATE: This process is expected to begin in Q1 2014. 2014 UPDATE: A Student Intern has been brought onboard to develop the data collection, analysis and reporting. The initial efforts began October 2014. 2015 UPDATE: The Student Intern's report was completed and findings indicated the need to quantify service delivery. Evaluation staff were hired and are establishing a system of collecting and analyzing data regarding outcomes for this strategy.	July 2013	June 2014 September 2015 September 2016	Children's Services Division Faith-Based Partnership

<p>D. Evaluate baseline data and utilize as a tool to promote awareness, dialogue, and accountability.</p> <p>2015 UPDATE: Evaluation staff were hired and are establishing a system of collecting and analyzing data regarding the effectiveness of the services and outcomes for this strategy.</p>	July 2015	June 2016	<p>Children's Services Division</p> <p>Faith-Based Partnership</p>
<p>E. Evaluate program effectiveness and the link between Faith in Motion as an intervention and long-term child and family outcomes</p>	July 2016	June 2018	<p>Children's Services Division</p> <p>Faith-Based Partnership</p>

Strategy 11: Family Preservation Court/CAM Program Sustainability Project	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1: Permanency in 12 Months for Children Entering Foster Care (entry cohort) P4: Re-entry to Foster Care (entry cohort) <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input checked="" type="checkbox"/> PSSF		
	<input type="checkbox"/> N/A		
Children's Services Division Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Develop strategies for program sustainability at grant termination in 2016, including a matrix of continuum of services 2014 UPDATE: Joint Operational Meetings (JOMs) to begin January 2015. 2015 UPDATE: Joint Operational Meetings (JOMs) continue on a quarterly basis, with a current focus to identify additional funding sources.	July 2013	June 2016	Children's Services Division Children & Family Futures Riverside County Family Preservation Court Mental Health Services
B. Utilize an implementation science approach to engage core service providers to expand key components of the Family Preservation Court/CAM programs to all providers of drug and alcohol prevention services 2015 UPDATE: Focus has shifted to increase utilization of FPC versus expanding FPC components to other service providers as it is believed the program is not being fully utilized for its pre-preventative/pre-filing services.	July 2014	June 2018	Children's Services Division Children & Family Futures Riverside County Family Preservation Court Mental Health Services Riverside County Department of Mental Health Catholic Charities MFI
C. Plan, prepare, and build necessary supports to promote utilization of key FPC/CAM intervention components by core service providers 2015 UPDATE: Focus has shifted to increase utilization of the pre-preventative/pre-filing services available with FPC with efforts focused on staff education to increase awareness.	July 2014	December 2018	Children's Services Division

<p>D. Develop a plan for data collection, analysis, and ongoing evaluation</p> <p>2014 UPDATE: CFF is a non-profit agency contracted to evaluate the FPC program. Data is provided to CFF on a semi-annual basis. The data provided are focused on elements related to the following: length of stay in foster care, time to reunification, child placement status, re-entry to foster care and recurrence of maltreatment.</p> <p>2015 UPDATE: Completed; CFF continues to provide the evaluation for FPC each year.</p>	July 2014	June 2015 Ongoing	<p>Children's Services Division</p> <p>Children & Family Futures</p>
<p>E. Pilot expansion of the FPC/CAM intervention components and assign teams to monitor and improve the intervention and implementation supports</p> <p>2014 UPDATE: Joint Operational Meetings (JOMs) to begin January 2015.</p> <p>2015 UPDATE: Joint Operational Meetings (JOMs) continue on a quarterly basis; Efforts to increase awareness of the program and increase participation.</p>	July January 2015	June 2016	<p>Children & Family Futures</p> <p>Riverside County Family Preservation Court</p> <p>Riverside County Department of Mental Health</p> <p>Catholic Charities</p> <p>MFI</p>
<p>F. Evaluate baseline data and utilize as a tool to promote awareness, dialogue, and accountability.</p> <p>2014 UPDATE: Presentations on FPC have been conducted in four operational regions and two induction classes. These efforts are scheduled to continue through 2015.</p> <p>2015 UPDATE: Presentations on FPC have continued through 2015 with a focus on creating program awareness in an effort to increase "pre-filing" and appropriate referrals.</p>	July 2015 2014	June 2016	<p>Children's Services Division</p>

G. Full Implementation Stage – The majority of service providers are using the continuum of services with fidelity	July 2016	June 2018	Riverside County Family Preservation Court Riverside County Department of Mental Health Catholic Charities MFI
H. Evaluate program effectiveness and the link between Educational Liaisons as an intervention and long-term child and family outcomes	July 2016	June 2018	Children’s Services Division

Strategy 12: Family Resource Centers/ “Network Hub Model”	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1: Permanency in 12 Months for Children Entering Foster Care (entry cohort) P4: Re-entry to Foster Care (entry cohort) P5: Placement Stability (entry cohort)	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Children’s Services Division Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. With technical assistance from Casey Family Programs, utilize a strategic consultant to engage community partners in the development of a collaborative and community-directed model for Family Resource Center communities UPDATE: Community partners have met monthly with CSD and the Case Family Programs consultant. In October 2013, community partner leadership decided to pursue a potential merging of the Jurupa Valley Family Resource Network Team with the Healthy Jurupa Valley Team due to the shared goals of the two groups for the same community area. The Jurupa Valley Network Team met in November 2013 with members of the Healthy Jurupa Valley Team to explore merger possibilities. 2014 UPDATE: Completed.	July 2013	June 2014	Children’s Services Division Casey Family Programs Pat Bowie (strategic consultant)
B. Evaluate data and resources respective to the four Family Resource Center target areas to identify shared outcomes for improvement, beginning with the Jurupa Valley community 2015 UPDATE: The Jurupa Valley Family Resource Network continues to meet monthly, with continued efforts to monitor the needs of the Jurupa Valley community and to ensure continued collaboration between stakeholders.	July 2013	Ongoing	Children’s Services Division Casey Family Programs Community Stakeholders

<p>C. Conceptualize pilot model and implement community readiness assessments to determine feasibility of model plan</p> <p>2014 UPDATE: Due to delays in the implementation phase of the pilot model, this step has been pushed to Q2 2015. The development of the data dashboard for the warm handoff and hub referrals will be addressed at that time.</p> <p>2015 UPDATE: Completed</p>	July 2013	June 2014 2015	<p>Children's Services Division</p> <p>Pat Bowie (strategic consultant)</p> <p>Community Stakeholders</p>
<p>D. Implement pilot Network Hub Model</p> <p>2014 UPDATE: JVFRN service providers have started utilizing the referral system and warm hand-off. JVFRN utilizes Google drive for referrals, while all service providers agreed to the use of uniform consent form and signed service provider's agreement.</p> <p>2015 UPDATE: Completed</p>	July 2013	June October 2014	<p>Children's Services Division</p> <p>Community Stakeholders</p>
<p>E. Ongoing implementation and evaluation of the Network Hub Model</p> <p>2015 UPDATE: Jurupa Valley is committed to changing the way they conduct business and has partnered with more than 125 partners in Jurupa Valley to create a platform for sharing data. Strong community support has been essential in the success of this model in Jurupa Valley.</p>	July 2013	<p>June 2018</p> <p>Ongoing</p>	<p>Children's Services Division</p> <p>Community Stakeholders</p>
<p>F.. Evaluate sustainability of pilot Network Hub Model</p> <p>2014 UPDATE: Due to the delay in implementation phase of the network hub, the evaluation of sustainability of pilot program has been pushed.</p> <p>2015 UPDATE: Completed; The Network Hub model has been successful in Jurupa Valley as a result of strong leadership and community support.</p>	July 2014 2015	June 2015 2016	<p>Children's Services Division</p> <p>Casey Family Programs</p> <p>Community Stakeholders</p>

Strategy 13: Internal Evaluation of Integrated Core Services	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1: Permanency in 12 Months for Children Entering Foster Care (entry cohort) P4: Re-entry to Foster Care (entry cohort) P5: Placement Stability (entry cohort)	
	<input checked="" type="checkbox"/> CBCAP		
	<input checked="" type="checkbox"/> PSSF		
	<input type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Children's Services Division Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Develop a plan for data collection, analysis, and ongoing evaluation of all Core Services UPDATE: Due to transition delays as well as staff and provider development needs, the timeframe was extended through 2013. 2014 UPDATE: Completed. Data collection and initial analysis has begun.	April 2013	December 2013 July 2014	Children's Services Division
B. Evaluate baseline data and utilize as a tool to promote awareness, dialogue, and accountability. 2014 UPDATE: Initial analysis of baseline data is scheduled to be available after July 2015. 2015 UPDATE: Analysis of baseline data initiated in September of 2015; Data quality issues have been identified and solutions are being developed.	July 2014	July 2014 2015-2016	Children's Services Division
C. Evaluate program effectiveness and the link between Core Services as interventions and long-term child and family outcomes 2015 UPDATE: The Program Evaluation unit was developed and will focus efforts on program effectiveness and service outcomes.	July 2014 2015	June 2018	Children's Services Division

Strategy 14: Independent Living Program Evaluation Plan	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): P4: Re-entry to Foster Care (entry cohort) P5: Placement Stability (entry cohort)		
	<input type="checkbox"/> CBCAP			
	<input type="checkbox"/> PSSF			
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project		
Children's Services Division Action Steps:	Implementation Date:	Completion Date:	Person Responsible:	
A. Develop a plan for data collection, analysis, and ongoing evaluation 2014 UPDATE: Modifications to Efforts-to-Outcomes Database underway. Data currently collected are being utilized for evaluation of efforts and participation rates.	December 2013		Children's Services Division	
B. Evaluate baseline data and utilize as a tool to promote awareness, dialogue, and accountability 2015 UPDATE: Completed.	December 2013	June 2014	Children's Services Division	
C. Evaluate program effectiveness and the link between the Independent Living Program as intervention and long-term child and family outcomes 2015 UPDATE: Evaluation staff were hired and are establishing a system of collecting and analyzing data regarding the effectiveness of the services and outcomes for this strategy.	June 2014	July 2018	Children's Services Division	

Strategy 15: Racial Disparity and Disproportionality (RDD)	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1: Permanency in 12 Months for Children Entering Foster Care (entry cohort) P4: Re-entry to Foster Care (entry cohort) P5: Placement Stability (entry cohort)	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Children's Services Division Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Evaluate current RDD baseline data and utilize as a tool to promote awareness, dialogue, and accountability UPDATE: The RDD Committee meets on a monthly basis. Committee members have worked with SIP and Data Analysis Unit Research Specialists to identify outcomes and variables of interest and develop a standardized reporting format that can be utilized to present data in a region-specific format. CSD staff expects to complete a comprehensive RDD report by the end of Year 1. 2014 UPDATE: This action step is an ongoing effort. 2015 UPDATE: The State is updating Riverside County's Efforts to Outcomes (ETO) to add data elements that will allow Riverside County to evaluate decisions made in TDM's for African American children and their families.	July 2013	June 2014 2015	Children's Services Division
B. Identify and evaluate existing RDD models that are effective in improving outcomes to prepare for release of new RFP UPDATE: Casey Family Programs is providing technical assistance with this process. This support included arranging a November 2013 presentation by Professor Margaret Jackson, a	July 2013	June 2014	Children's Services Division Casey Family Programs

<p>CSU Fresno faculty member and the Director of the Fresno County Cultural Brokers Program. Ms. Jackson was instrumental in partnering with the Fresno County child welfare department to reduce disparity and disproportionality in their system.</p> <p>2014 UPDATE: Completed</p>			
<p>C. Select contractor and begin model implementation</p> <p>2014 UPDATE: Community brokers' model has been implemented. Pilot program started in Valley Region in Q1 2014 and currently it has been implemented in West Corridor, Desert, and Blythe.</p> <p>2015 UPDATE: The Community brokers' model led to Community representatives in regions. Evaluating to see if this will improve outcomes. Currently CSD does not have a measure in place.</p> <p>Cultural Humility was presented at the July 2015 Supervisors Forum. Cultural Humility will be implemented in regions through the identified Champions. Engagement will be utilized through region specific data for each region in 2016.</p>	July 2014	June 2015	Children's Services Division
<p>D. Develop a plan for data collection, analysis, and ongoing evaluation</p> <p>2014 UPDATE: Plan is being developed under Special Projects to develop plan for data collection, analysis and ongoing evaluation.</p> <p>2015 UPDATE: Completed. The State is updating Riverside County's Efforts to Outcomes (ETO) to add data elements that will allow Riverside County to evaluate the effectiveness of TDM's.</p>	July 2014	June 2015	Children's Services Division

<p>E. Evaluate program effectiveness and the link between the selected RDD model as intervention and long-term child and family outcomes</p> <p>2015 UPDATE: Evaluation staff were hired and are establishing a system of collecting and analyzing data regarding the effectiveness of the services and outcomes for this strategy.</p>	July 2015	June 2018	Children's Services Division
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Strategy 16: Primary Safe Care/Early Safe Care/Safe Care Plus	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): P4: Re-entry to Foster Care (entry cohort)	
	<input checked="" type="checkbox"/> CBCAP		
	<input checked="" type="checkbox"/> PSSF		
	<input type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Children's Services Division Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Continue targeted referral and service provision to families with children between the ages of 0 and 5, identified as high risk, and eligible for Family Maintenance or Family Maintenance Voluntary services	July 2013	June 2018 Ongoing	Children's Services Division Riverside Dept. of Public Health John F. Kennedy Foundation Family Service Association
B. Baseline analysis of Primary SafeCare/Early SafeCare/SafeCare Plus data to establish client need and capacity for service delivery 2015 UPDATE: Completed.	July 2013	December 2013	Children's Services Division
C. Establishment of graduation outcome goals for Primary SafeCare/Early SafeCare/SafeCare Plus 2014 UPDATE: The plan for data collection, analysis and evaluation has been pushed to Q3 2015. 2015 UPDATE: Target graduation rates have been added in Contracts. Contracts have graduation metrics, CSD continues to work with agencies to determine rates and appropriateness.	July 2013	June 2014 2015	Children's Services Division
D. Safe Care Plus partner with UCSD to receive technical assistance in data collection and program evaluation. Deliverables include: <ul style="list-style-type: none"> • Design of data collection instruments and procedures for data collection and analysis • Assistance in design and development of a web-based database • Selection and prioritization of outcome indicators 	July 2013	June 2014 June 2016	Children's Services Division University of California, San Diego

<p>2014 UPDATE: The plan for data collection, analysis and evaluation has been pushed to Q3 2015.</p> <p>2015 UPDATE: DPSS is no longer partnering with UCSD for the evaluation of SafeCare. DPSS is building an internal infrastructure to collect and evaluate program data.</p>			
<p>E. Conduct ongoing evaluation to:</p> <ul style="list-style-type: none"> Assess participation rates of target population Examine fidelity in model implementation Assess effectiveness of program relative to client improved family functioning and CSD improved SIP outcomes 	July 2013	June 2018	Children's Services Division
<p>F. Participate in and support the Safe Care Sustainment Research Project conducted by UCSD</p>	July 2013	June 2018	Children's Services Division University of California, San Diego

Strategy 17: Team Decision Making (TDM) meetings	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1: Permanency in 12 Months for Children Entering Foster Care (entry cohort) P4: Re-entry to Foster Care (entry cohort) P5: Placement Stability (entry cohort)	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Children's Services Division Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Evaluate current TDM baseline data and utilize as a tool to promote awareness, dialogue, and accountability UPDATE: Data matching concerns with CWS/CMS have delayed the development of a comprehensive TDM report; however, some baseline data has been reviewed and an evaluation plan has been developed. 2014 UPDATE: Due to staff assignment changes and the original evaluator leaving the agency, this action step timeframe has been extended.	January 2013	June 2014 2016	Children's Services Division UC Berkeley (strategic consultant) California Evidence-Based Clearinghouse (CEBC)
B. Develop recommendations for improved data collection, database management, and data analysis, including the development of an ongoing evaluation plan. UPDATE: SIP Unit Research Specialists continue to meet regularly with TDM facilitators at the scheduled Consistency Meetings to review data concerns and collaboratively strategize recommendations for improvement. 2015 UPDATE: Updates to ETO to add elements that will allow CSD to evaluate the effectiveness of TDMs.	July 2013	December 2013 Ongoing	Children's Services Division UC Berkeley (ETO database manager) CEBC

<p>C. Evaluate program effectiveness and the link between TDM as intervention and long-term child and family outcomes</p> <p>2015 UPDATE: The newly developed program evaluation unit will be assisting with evaluating program effectiveness and outcomes.</p>	May 2013	June 2018	<p>Children's Services Division</p> <p>California Evidence-Based Clearinghouse for Child Welfare</p>
<p>D. Review and evaluate recommendations to incorporate, within the TDM program, new standards of practice consistent with the Katie A. P2W-Core Practice Model</p> <p>UPDATE: Katie A. Training P2W, Coaching, and Informing subcommittee members met with TDM facilitators in November 2013 to begin discussing Riverside County's plans to utilize TDM facilitators in the Child and Family Team Meetings.</p> <p>2014 UPDATE: TDM facilitators are now facilitating CFT meetings for all Subclass designated children. Facilitators also complete the data entry for CFTs facilitated for Subclass designated children in CWS/CMS, the Health Notebook, Screening Page, Plan Intervention, and Plan Detail, to ensure tracking for all completed Subclass CFT meetings. Currently, TDM facilitators are assisting with RDD efforts. A TDM is held for every African American child removed, at risk of being removed, and before reunification.</p> <p>2015 UPDATE: Completed</p>	January 2014	December 2014	<p>Children's Services Division</p> <p>Riverside County Department of Mental Health</p>
<p>E. Implement recommendations from item D, above</p> <p>2015 UPDATE: Completed</p>	January 2015	June 2018	<p>Children's Services Division</p>

Strategy 18: Youth Partners	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): P4: Re-entry to Foster Care (entry cohort) P5: Placement Stability (entry cohort)		
	<input type="checkbox"/> CBCAP			
	<input type="checkbox"/> PSSF			
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project		
Children's Services Division Action Steps:	Implementation Date:	Completion Date:	Person Responsible:	
A. Exploration of similar practice models and the development of a position description UPDATE: This process was completed in September 2013.	January 2013	December 2013	Children's Services Division	
B. Plan, prepare, and build the necessary supports to promote utilization of the Youth Partner 2015 UPDATE: Completed	July 2013	June 2014	Children's Services Division	
C. Recruitment of six to eight Youth Partner positions UPDATE: The recruitment process began October 7, 2013 and closed November 1, 2013. Youth Partners are expected to be in place during the designated timeframe. The number of Youth Partners will be determined as indicated by staffing needs. 2014 UPDATE: CSD currently has five Youth Partners positions filled and are recruiting to fill a sixth Youth Partner position. 2015 UPDATE: CSD has filled all six Youth Partner positions.	July 2014	June 2015	Children's Services Division	
D. Pilot Youth Partner program implementation and assign teams to monitor the intervention and implementation supports and make improvements as necessary 2015 UPDATE: Completed	July 2015	June 2016	Children's Services Division	

<p>E. Develop a plan for data collection, analysis, and ongoing evaluation</p> <p>2015 UPDATE: Completed; CSD will be utilizing Efforts to Outcomes (ETO) to create a database that tracks Youth Partner activities. The database has been created, and is being tested. It is anticipated it will “go-live” late December 2015/early January 2016.</p>	January 2015	July 2014 2015	Children’s Services Division
<p>F. Evaluate baseline data and utilize as a tool to promote awareness, dialogue, and accountability</p>	January 2015 2016	June 2016 2017	Children’s Services Division
<p>G. Full Implementation Stage – The majority of staff are using the Youth Partners model with fidelity</p>	July 2016	June 2018	Children’s Services Division
<p>H. Evaluate program effectiveness and the link between Youth Partners as an intervention and long-term child and family outcomes</p>	July 2016	June 2018	Children’s Services Division